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MONTANA STATE PLAN
FOR
DRUG ABUSE PREVENTION

(FY 1978)

Prepared by

ALCOHOL AND DRUG ABUSE DIVISION
STATE DEPARTMENT OF INSTITUTIONS
GOVERNOR, THOMAS L. JUDGE

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Chapter 1. STATE AGENCY POLICY AND PLANNING PROCESS

1.0 Montana State Agency Policy and Philosophy

1.1 Introduction

1.2 Program Philosophies and Policies

1.3 Planning Process

1.0 Montana State Agency Policy and Philosophy

1.1 Introduction

The Montana State Department of Institutions, Alcohol and Drug Abuse Division (ADAD) administers and coordinates the treatment and prevention of chemical substance abuse by regional and local programs. As Montana's Single State Agency (SSA) for drug abuse prevention, the ADAD receives federal funds from the National Institute on Drug Abuse (NIDA). The federal funds are allocated among sub-state programs according to an annual state plan for Drug Abuse Prevention. The plan delineates expenditures made in FY77 and outlines a strategy for future activities and expenditures.

The central feature of the Montana State Plan for Drug Abuse Prevention is a work program. The work program is composed of ADAD goals and action objectives. The work plan is based upon recommendations from the State Advisory Council, federal guidelines and local input.

The plan is to be used as a guide for coordinated statewide drug abuse prevention efforts; it is not intended to be an unchanging document, but is designed as a workable tool for the use of all individuals, groups, and agencies working with drug abuse in Montana.

1.2 Program Philosophies and Policies

Overview

The statewide philosophy for drug abuse prevention must be sensitive to situations unique to Montana. While Montana ranks fourth in geographical area (147,138 sq.mi.) it ranks 41st among states in population (700,000), with approximately five persons per square mile. The ethnic distribution of the state is 95.5% white, with the remainder (4.2%) being predominantly American Indian.

Although Montana is located inland, remote from sources of imported, illegal drugs and major urban areas, there are several factors which affect drug abuse within the state. Climate and geographic extremes tend to complicate travel and depress employment. Seasonal employment, expanded coal development, tourism and recreation, and students from out-of-state are contributing factors to Montana's drug problem. While the service population in most of Montana (rural areas) is relatively stable, urban areas are gaining population, particularly in the Southeastern coal development areas. Based on the above information, the following generalizations can be made:

- Specific areas of the state are subject to interstate problems because of increased tourism, out-of-state students, and an influx of population stemming from energy development.
- Service delivery to all of Montana's population is hindered by geographic constraints.
- Consolidation of human service resources on the regional and local levels is viewed as a desirable means of reducing costs, increasing availability and accessibility of services and ultimately improving continuity and quality of services.
- Resources must be allocated to areas of need in terms of population and number of potential clients, while also providing for the needs of sparsely populated areas.

Administration

Responsibility for all functional activity carried out under the Montana State Drug Abuse Prevention Plan rests with ADAD staff and the State Advisory Council on Alcohol and Drug Dependency (SAC). The State Advisory Council is composed of eight staff members named by the Director of the Department of Institutions and approved by the Governor. The council meets at least quarterly to review and affirm SSA policy, to evaluate project and program activities and to set priorities for action and expenditures. Annually, the SAC reviews draft materials and approves the final versions of the annual state plans for both drug abuse and alcoholism.

The ADAD administers and coordinates the treatment and prevention of drug abuse through regional and local programs. The ADAD provides technical assistance to programs to ensure that all projects are in compliance with state and federal guidelines and that goals and objectives are consistent with the state policies for drug abuse prevention. Funding is dispersed according to priorities and needs as outlined in the annual state plan for drug abuse prevention.

The Montana SSA assures that adequate attention will be given to special emphasis programs, including:

- Racial and ethnic minorities (primarily Native American)
- Women
- Youth
- Elderly

The ADAD ensures that the provisions of Section 408 of the Act (21 U.S.C. 1175) which provides that records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse pre-

vention function authorized or assisted under the Act or any Act amended thereby, shall be confidential and may be disclosed only for purposes and under the circumstances expressly authorized under Section 408. Violators of Section 408 are subject to a criminal penalty. Regulations (21 CFR Part 401) implementing Section 408 of the Act are on file in the ADAD office. All agencies covered under this Act must familiarize themselves with this regulation.

During FY 1978, the ADAD intends to develop third party payments including preparation of specific legislation to be presented to the 46th legislature in 1979.

The Alcohol and Drug Abuse Division shall continue to operate as guided by an Affirmative Action Plan which prohibits discrimination, details hiring practices, training and advancement policy and aids in internal development.

The ADAD recognizes the need to continually improve coordination and cooperation among state social service agencies in support of substance abuse prevention activities.

Planning and Coordination

The responsibility for the preparation of the annual Montana State Plan for Drug Abuse Prevention will continue to rest with the Alcohol and Drug Abuse Division. The Division shall prepare an annual plan draft for review by the State Advisory Council, Montana Health Systems Agency and State Health Coordinating Council, and the general public; and shall also guide the development of sub-state planning capability.

Responsibility for management and coordination of funding applications shall be a function of the ADAD.

Treatment and Rehabilitation

The SSA treatment and rehabilitation philosophy is "to minimize identifiable problems caused by drugs for individuals and for society, while increasing abuser participation in socially acceptable, productive activity as an alternative to abuse." The philosophy statement clearly specifies "identifiable problems" as the area of official program concern.

The Montana Alcohol and Drug Abuse Division recognizes that drug use will continue to be a significant social and economic problem within the state. Attention will be focused on three general categories of drug problems:

1. Problems of definition - Problems resulting from use or abuse of illicit drugs, or of drugs obtained illicitly. Legality is the main determinant for classification in this category.
2. Problems of Health or Behavior - Problems centering around operational impairment or dysfunction resulting from a particular pattern or level of drug use.
3. Problems of Lacking Resources - Collectively identified community problems requiring broad response.

Use of illegal drug compounds is not always considered abuse, but is considered to be a drug problem. The use of any chemical substance, legal or illegal, which creates health or behavioral problems resulting in operational impairment or dysfunction, i.e. abuse, is viewed as a drug problem.

The ADAD shall continue to provide support and technical assistance in upgrading established substance abuse treatment and rehabilitation service, statewide.

The Alcohol and Drug Abuse Division will continue to focus upon special emphasis groups; including:

- Ethnic minorities (primarily American Indians)
- Women
- Youth
- Elderly

Information Systems

The ADAD recognizes that accurate data is essential for efficient program management and evaluation.

The Alcohol and Drug Abuse Division will fulfill Integrated Drug Abuse Reporting Process (IDARP) contract requirements by continuing to manage and maintain the Client Oriented Data Acquisition Process (CODAP) and National Drug Abuse Treatment Utilization System (NDATUS). The Division shall ensure that all NIDA reporting, training, operational, evaluation and confidentiality requirements are met in a satisfactory manner.

The state office shall also develop timely data output reports for state and local program management.

It will be the responsibility of the ADAD to investigate the feasibility of a financial management information system sensitive to Montana's needs.

Research and Evaluation

A combined Evaluation Handbook for Alcoholism Treatment, Drug Abuse, and Community Based Mental Health Programs has been prepared and distributed among programs. The handbook details evaluation criteria and will be the basis for future evaluation of drug abuse treatment programs. Members of the ADAD staff will conduct comprehensive on-site evaluations of all sub-state drug abuse treatment programs. The ADAD will update evaluation guidelines and procedures as needed.

CODAP data will be used, together with other available data pertaining to drug abuse, for purposes of program planning, evaluation and allocation of funds.

Prevention, Intervention, Education and Public Information

The ADAD perceives many prevention functions as within the realm of other state agencies, including the Department of Education, Office of the State Superintendent of Public Instruction, Department of Justice, Department of Social Rehabilitative Services, Department of Health, Department of Community Affairs, Department of Labor and Industry, etc,; particularly in view of the fact that Title XX funding is available to more agencies than only those directly concerned with substance abuse. A specific function of the ADAD is to facilitate cooperation between interagency substance abuse prevention projects.

The approach to drug abuse prevention is viewed as an educational process:

- Primary Prevention - is the term applied to plans and actions which are intended to educate all persons about drugs and effects of drug use. Training and education is generally referred to as "prevention".

The ADAD shall develop and refine substance abuse education which will be made available to the public, through acceptable curricula and will develop education methods for use in public media.

Technical assistance and support will be given by the ADAD to existing substance abuse prevention and intervention resources.

A resource file will be available at the ADAD for the general public or other agencies interested in obtaining information regarding drug abuse prevention.

Training and Certification

As a legal, public entity the Montana Alcohol and Drug Abuse Division has the following mandate: to oversee all treatment agencies delivering services to substance users and/or abusers. To ensure adequate service delivery to those persons within the state, addicted or habitual users of alcohol and/or drugs it is viewed as necessary to place quality controls upon programs and their personnel. By initiating and maintaining a volunteer counselor certification system the state is able to regulate and provide for high quality staff.

In this sytem, requirements are established regarding counselor education, training, and experience. Persons who meet minimum requirements become eligible to be certified and those who do not, are excluded from the system or re-routed through the system.

The ADAD shall continue to develop resources for training. The Division shall also be responsible for the development of a training evaluation component whereby training may be modified according to identified needs.

Criminal Justice Interface

Active cooperation between the Alcohol and Drug Abuse Division and the Montana Board of Crime Control (MBCC) has been limited; however, improved cooperation and coordination is viewed as essential to both agencies for effective planning and development of substance abuse treatment services. A formalized agreement now exists between the ADAD and the Board of Crime Control, and the State Law Enforcement Assistance Act (LEAA) agency. The ADAD will also provide relevant training opportunities for criminal justice personnel who work with substance abusers.

1.3 Planning Process

To facilitate planning and delivery of services, the Governor divided the state into five planning regions. (See Exhibit 1-map) These regions are the same for Health Systems Planning, Mental Health and Retardation Centers and planning for Alcohol and Drug Abuse.

In June 1976, the Alcohol and Drug Abuse Division implemented a regional planning concept. The five existing Mental Health Boards were asked to expand their scope from Mental Health to a total human services approach. All of the five boards agreed, and in July 1976, five Regional Addictive Diseases Resource Development Specialists (RADRDS) were hired by the Mental Health boards to identify local needs and to develop regional plans. A special RADRDS coordination workshop was held to discuss and criticize data collection techniques and to specify common sources for gathering data and information. Abstracts of NIDA requirements were distributed to all RADRDS as guidelines for information requests.

Training seminars, attended by the RADRDS, included thorough familiarization with ADAD policies and priorities to ensure that the five regional plans would be consistent with established state policies.

It is the responsibility of the RADRDS to identify, clarify, and transmit local and regional needs to the state office. Regional planning input is augmented with information from a variety of information sources, including: arrest and demographic data, training needs assessment/NIDA State Training and Support Program, projections based on available Client Oriented Data Acquisition Process (CODAP) and observations from persons familiar with "street traffic".

The formal planning process begins with problem statements collected from several sources: local treatment programs, community prevention resources, specialized needs assessments and studies

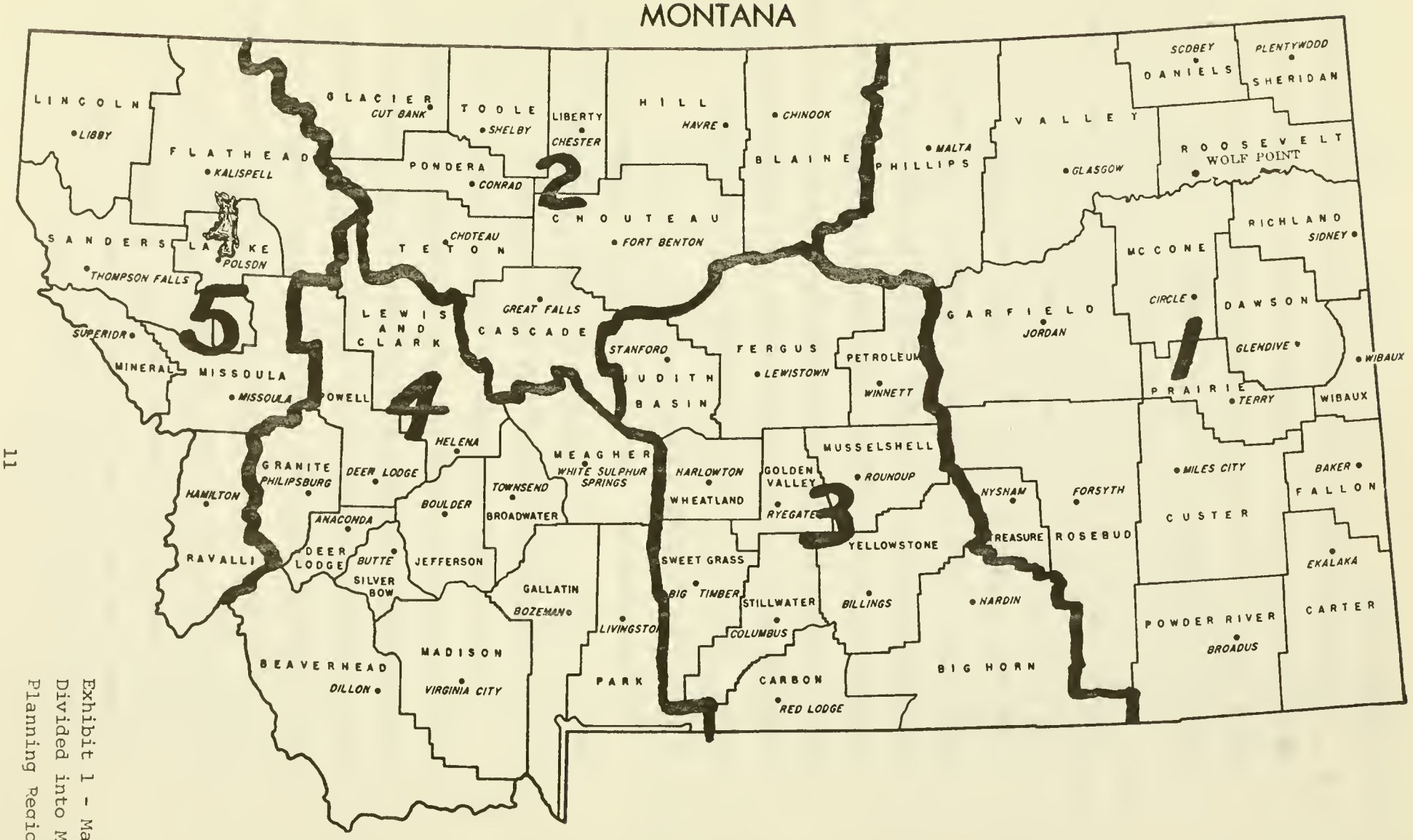


Exhibit 1 - Map of Montana Divided into Mental Health Planning Regions

conducted by state and regional staff as well as program consultants.

Each section within the Alcohol and Drug Abuse Division drafted proposed goals, objectives, and action steps specific to the function of each section. The planning process at the state level took place under the guidance of a consultant planner. The goals and objectives delineated by the ADAD were based upon regional planning input and upon available statistical data. The ADAD goals and objectives were reviewed and prioritized by ADAD staff and were then submitted to the State Alcohol and Drug Advisory Council for recommendations and approval. Changes and recommendations made during the review process were incorporated into the state plan before submission to NIDA and release to the general public. In the future, the Drug Abuse Prevention Plan will be reviewed by the Montana Health Systems Agency, Inc. (HSA) and through a public review process established by the Montana Health Coordinating Council. This year, however, because these organizations are newly established, review will not be accomplished until after the deadline set by NIDA for plan submission.

Prioritization on regional and state levels takes place after needs have been clearly identified, documented and goals and objectives established. Priorities are based upon needs as identified in the planning process and funding availability. In addition, the ADAD staff and State Alcohol and Drug Advisory Council review each regional plan and priority judgements are made, if necessary.

Acting as an evaluator, members of the State Advisory Council study reports from individual project representatives, RADRDS, and State ADAD staff, enabling the board to make recommendations on priorities, budget allocations, and continued project funding.

Chapter 2. NEEDS ASSESSMENT

2.0 Needs Assessment

2.1 Introduction

2.2 Discussion of CODAP Data

2.3 Crime and Arrest Data

2.0 Needs Assessment

2.1 Introduction

Data pertaining to the incidence and prevalence of drug use and resultant problems within Montana have been collected from several sources.

The most detailed analysis of drug data available to the Alcohol and Drug Abuse Division (ADAD) is based upon the Client Oriented Data Acquisition Process (CODAP), collected from state approved drug treatment programs and processed by the ADAD. The state office is now able to utilize a computer program, the Statistical Package for the Social Sciences (SPSS), to aid in the retrieval and analysis of CODAP data. Montana's CODAP data base is presently too small to derive conclusive relationships in categories where the total number of cases amount to less than ten. With the exception of newly established drug programs in Billings and Missoula, CODAP data applies only to 12 counties in Southwest Montana, Region IV.

With the recently acquired SPSS capability; correlations of CODAP data to detailed incidence and prevalence studies is viewed as a desireable method of relating treatment data to the general population. This method will be applied to future planning efforts.

The ADAD also relies on crime and arrest data as an indicator of drug related problems. The Montana Board of Crime Control (MBCC) collects, analyzes and disseminates information through the Montana Offense Information System, a counterpart of the National Uniform Crime reporting program operated by the Federal Bureau of Investigation.

2.2 Discussion of CODAP Data

Client Characteristics and Drug Usage Patterns

The majority of admissions (35-45%) to Montana's treatment programs are for problems resulting from abuse of amphetamines. Table 1A

indicates that women also report amphetamines as their major problem; (32% of all admissions), however, barbituates are reported by women almost as frequently as amphetamines (30%) whereas males only have a 13% admission rate for barbituates. Of 122 Indian admissions, 79 were for the abuse of alcohol, with the next major drug of abuse being amphetamines. It must be noted that most Indian admissions were made to Morningstar, a NIDA funded Indian demonstration project in Billings.

Table 1B, which indicates primary drug of abuse by age, also depicts a high incidence of reported amphetamine abuse among Montana's youth. It is noted that 30% of all persons admitted to Montana's drug treatment programs in 1976 were under the age of seventeen. Thirty-seven (37%) of clients under the age of 17 report amphetamines as their primary drug problem, and approximately 28% report alcohol abuse as their major drug problem. A trend to be noted from the existing data is a substantial increase of reported alcohol abuse in relation to increased age, with 42% of the 30 and older age group reporting a problem with alcohol. The admission data is somewhat skewed by the 79% admission rate for alcohol abuse to Morningstar program in Billings. Another trend is the increase of reported barbituate abuse in relation to increased age and a decrease of hallucinogenic abuse with increased age.

It has become apparent that Montana has a substantial polydrug abuse problem. Table 1D displays multiple drug problems by drug categories. Of a total of 442 admissions in 1976, 80% of all persons admitted to Montana's drug programs have a secondary drug problem and 50% of clients report three or more drugs of abuse. Alcohol remains a major drug of abuse in multi-drug problems and is most frequently coupled with amphetamines. Marijuana also appears to be significant as a secondary or tertiary drug problem.

In a nine month period between November 1976 and May 1977 Southwest Montana Drug Program admitted 202 clients, of those clients 93% reported use of two drugs and 64% used three or more drugs. (See Table 1E)

Table 1A

PRIMARY DRUG AT ADMISSION BY SEX & RACE
1976

Primary Drug At Admission	Total	%	Selected Client Characteristics				
			Sex (in percentages)		Race (in percentages)		
			Male	Female	White	American Indian	Other
Opiates	44	9.8%	10.9%	7.7%	12.9%	2.5%	0
Alcohol	98	21.9	22.5	20.6	.3	79.5	0
Barbituates	86	19.2	13.3	30.3	24.5	4.9	33.3
Amphetamines	157	35.0	36.9	31.6	45.1	8.2	50.0
Cocaine	6	1.3	1.7	.6	1.9	0	0
Marijuana	15	3.3	2.7	4.5	3.8	2.5	0
Hallucinogen	29	6.5	8.9	1.9	8.2	.8	16.7
Inhalents	11	2.5	2.4	2.6	2.8	1.6	0
Other	2	.4	.7	0	.6	0	0
N =	448		293	155	319	122	6

Table 1B

PRIMARY DRUG AT ADMISSION BY AGE

1976

Primary Drug at Admission	Total	%	Client Characteristics				
			AGE (In percentages)				
			17 or younger	18-19	20-23	24-29	30 and older
Opiates	44	9.8	1.5	6.1	8.1	22.9	13.2
Alcohol	98	21.9	25.7	3.0	12.2	20.8	42.1
Barbituates	86	19.2	8.8	24.2	27.0	15.6	30.3
Amphetamines	157	35.0	37.5	56.1	39.2	32.3	11.8
Cocaine	6	1.3	0	0	4.1	3.1	0
Marijuana	15	3.3	5.1	3.0	2.7	4.2	0
Hallucinogen	29	6.5	13.2	6.1	5.4	1.0	2.6
Inhalents	11	2.5	6.6	1.5	1.4	0	0
Other	2	.4	1.5	0	0	0	0
N =	448	100	136	66	74	96	76

CLIENTS IN TREATMENT AT MONTH END AND PRIMARY DRUG TYPE
1975, 1976

PRIMARY DRUG	MONTH OF ADMISSION - 1975											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
None	2	2	2	2	1	1	1	1	1	1	1	1
Opiates	26	24	25	16	13	18	17	20	21	22	24	22
Alcohol	12	12	13	12	7	7	7	8	7	2	2	5
Barbiturates	18	20	18	19	19	20	21	26	31	29	30	32
Amphetamines	108	105	107	98	60	59	68	75	70	88	89	81
Marihuana	64	65	67	58	39	47	46	53	46	39	37	33
Other	76	75	81	80	59	60	58	83	80	79	81	75
TOTAL NUMBER	306	303	313	285	199	212	218	266	256	260	264	249
Total Static Capacity Slots	277	277	277	277	277	277	277	277	277	277	271	271
% Utilization	110%	109%	113%	103%	72%	76%	79%	96%	92%	94%	97%	92%
	1976											
None	1	-	-	1	1	1	1	1	1	1	1	1
Opiates	27	31	31	29	28	26	27	31	32	28	24	23
Alcohol	2	1	1	1	1	-	-	-	-	-	-	-
Barbiturates	35	34	33	36	33	36	35	35	33	29	32	29
Amphetamines	106	111	114	115	113	114	110	110	114	103	98	96
Marihuana	17	14	15	11	10	8	7	6	8	9	8	10
Other	84	78	76	74	71	69	72	72	71	82	72	70
Total Number	272	269	278	267	257	254	252	255	259	252	235	229
NIDA Static Capacity Slots	271	271	271	271	271	271	271	271	271	271	271	271
% Utilization	100%	99%	100%	99%	95%	94%	93%	94%	96%	93%	87%	85%

Table 1D

INDICATOR OF MULTIPLE DRUG PROBLEM BY ADMISSION
AND DRUG CATEGORY (1976)

Drug Problem Level	Total Admissions	None	Opiates	Alcohol	Barbituates	Amphetamines	Cocaine	Marijuana	Other
Primary	422	12	47	62	52	141	8	25	75
	97%	3%	11%	15%	12%	33%	2%	6%	18%
Secondary	339	83	20	72	29	51	6	103	58
	80%	20%	6%	21%	9%	15%	2%	30%	17%
Tertiary	212	210	9	61	14	24	7	71	26
	50%	50%	4%	29%	7%	11%	3%	34%	12%

Table 1E

SOUTHWESTERN MONTANA DRUG PROGRAM

November, 1976 - May, 1977

Number of Drug Problems at Admission
N=202

Number of Drug Problems	Number	Percent
One	202	100%
Two	188	93%
Three or More	130	64%

Comparison of Montana Drug Abuse Data With National Drug Abuse Data

Table 2 compares 1976 CODAP data from Montana with total United States CODAP data. (Please note that data from the Morningstar Demonstration project in Billings has been excluded because admissions to that program are primarily for alcohol abuse.)

Following is a summary of the data which was compared.

1. Type of Admissions - The majority (80-85%) of admissions to Montana's drug programs are first admissions. Readmissions, an indicator of recidivism, are relatively low (9-15%) as compared to the national average of 26%.
2. Admissions by Sex - Montana maintains approximately a two-third male to one-third female client ratio. Montana treatment programs consistently have more women in treatment than is reflected by the national average.
3. Legal Status - The majority of clients entering treatment in Montana do so on a voluntary basis (86%). Non-voluntary admissions are usually referrals from the Criminal Justice System (police courts, etc.) and those referrals are made most often to Montana's only residential treatment center, Lighthouse. Lighthouse averages a 53-55% non-voluntary admission rate.
4. Primary Drug Problems - The drug causing most dysfunction to persons in Montana are amphetamines (45-51%) as compared to a national average of 4-5%. Second are barbituates which average approximately 26% of all admissions. Opiate abuse is low in Montana and is not considered to be a large drug problem within the state. Statewide admissions for opiate abuse averages between 11-12% as compared with the national average of 63-65%.
5. Number of Drug Problems - As previously discussed, approximately

Table 2
COMPARISON OF MONTANA DRUG ABUSE TREATMENT DATA WITH NATIONAL DRUG ABUSE DATA BY QUARTER - 1976 *

	1st Qtr 1976 Jan-Mar		2nd Qtr 1976 Apr-June		3rd Qtr 1976 July-Sept	4th Qtr 1976 Oct-Dec	
	MT	US	MT	US	MT	US	
Admission							
First	85%	68%	80%	68%	64%	75%	
Readmit	9%	26%	15%	26%	26%	21%	
Transfer	6%	6%	5%	6%	10%	4%	
Sex							
Male	62%	74%	61%	74%	75%	59%	
Female	38%	26%	39%	26%	25%	41%	
Legal Status							
Voluntary	86%	83%	86%	83%	90%	99%	
Non-Voluntary	14%	17%	14%	17%	10%	1%	
Problem							
None	0	2%	1%	2%	0	0	
Opiates	12%	63%	11%	65%	17%	9%	
Alcohol	0	7%	0	7%	0	0	
Barbiturates	26%	5%	26%	5%	23%	23%	
Amphetamines	45%	5%	51%	5%	41%	43%	
Marijuana	5%	10%	2%	9%	2%	7%	
Other	12%	8%	9%	7%	17%	18%	
No. Problems							
One	100%	98%	100%	97%	100%	100%	
Two	84%	51%	86%	52%	85%	85%	
Three or More	61%	28%	66%	28%	47%	58%	
Discharge							
Completed Treatment	39%	23%	33%	24%	37%	32%	
Transfer-Referral	7%	21%	10%	19%	10%	7%	
Not Complete	53%	51%	55%	53%	51%	59%	
Other	1%	5%	2%	4%	2%	2%	

* Morningstar data excluded

85-90% of clients entering Montana treatment programs have a secondary drug problem and approximately 60% have three or more problems. When the data is compared to a national polydrug admission rate of 28%, Montana's data clearly indicates a major polydrug abuse problem.

6. Reason for Discharge - Approximately 30-40% of clients in Montana complete treatment, compared to a national average of 22-24%. (Also refer to table 5B .)

Solvent Abuse

Although available CODAP statistics do not indicate solvent abuse problems, it has become apparent that this is a growing problem among Montana's youth, low-income and Indian populations. Solvents are inexpensive and easily accessible and are often used by these populations when more expensive drugs are not available or affordable.

The ADAD contracted with Northcentral Community Mental Health Center in Great Falls to do a research study pertaining to solvent abuse. For results of the study, refer to Appendix.)

Source of Referrals

Table 3 displays sources of referrals by sex, age and race. The majority of referrals (40%) are a result of outreach efforts. Outreach is by far the most frequently cited referral source by sex, by race, and by age. Drug treatment programs are effectively reaching populations through their outreach efforts whom may not have otherwise sought treatment.

Social Service Agencies have been an important referral source particularly for Indians and women. The judicial system refers approximately 11% of Montana's drug treatment caseload.

SOURCE OF REFERRAL BY SEX, AGE, RACE
1976 (columns in percentages)

Source of Referral	Total Referrals	%	By Sex		By Race			By Age				
			Male %	Female %	White %	Indian %	Other %	17 or Younger %	18-19 %	20-23 %	24-29 %	30 or Older %
Social Service Agency	42	11.8	9.6	15.6	10.5	31.6	20.0	14.9	17.1	6.2	9.5	10.3
Family	16	4.5	3.9	5.5	4.9	0	0	2.3	9.2	3.7	4.1	2.6
Friend	18	5.0	2.2	10.2	4.9	5.3	10.0	6.9	1.3	2.5	9.5	5.1
Self (walk-in)	48	13.4	14.0	12.5	14.8	0	0	5.7	10.5	21.0	17.6	12.8
Crisis Call	16	4.5	3.9	5.5	4.3	10.5	0	3.4	1.3	4.9	5.4	10.3
Outreach	146	40.9	42.4	38.3	40.6	26.3	60.0	49.4	44.7	43.2	28.4	33.3
Transfer	24	6.7	7.4	5.5	6.8	10.5	0	5.7	5.3	3.7	6.8	17.9
Doctor	7	2.0	1.3	3.1	2.2	0	0	0	1.3	3.7	1.4	5.1
Judicial	40	11.2	15.3	3.9	11.1	15.8	10.0	11.5	9.2	11.1	17.6	2.6
N=	357		229	128	325	19	13	87	76	81	74	39

Estimated Treatment Population

A method of estimating the total drug treatment population was developed utilizing current population, drug arrest and drug treatment data. (Please refer to tables 4A, 4B and 4C.)

The estimates of Montana's treatment population support the CODAP data; which indicate amphetamines as the primary drug of abuse within the State. Based upon the estimates, Montana's drug treatment programs can expect approximately 49% of all admissions to be prompted by problems resulting from the abuse of amphetamines.

Discharge Data

Table 5A depicts reasons for discharge by primary drug type for 1975 and 1976. Approximately one-third of all clients admitted for drug treatment complete treatment. Those clients citing amphetamines as their primary drug of abuse have nearly a 50% completion rate.

Montana has consistently reported a higher percentage of clients completing treatment than the national average. (See table 5B).

2.3 Crime and Arrest Data

Table 6A through 6F were taken from the 1976 Annual Report prepared by the Montana Board of Crime Control.

Thirty-nine percent (39%) of all court activity in 1975 and 1976 was related to drug cases. Comparison of the number of drug crimes reported in 1976 decreased by 3.2%; however, even though there has been a slight decrease in reported drug offenses, drug related arrests increased sharply in 1976. (See Table 6F.)

MONTANA
Data Concerning Population,
Drug Arrests and Drug Treatment by MH Region
Calendar Year 1976

Table 4A

MH Region	Region I	Region II	Region III	Region IV	Region V	Total
Population	95,100 (13%)	147,400 (20%)	144,800 (20%)	178,200 (24%)	169,300 (23%)	734,800 (100
Drug Treatment Population	Unknown No Drug Program in Region I	Unknown No Drug Program in Region II	Unknown No Drug Program in Region III	Actual 577	Unknown No Drug Program in Region V	577
Arrests	248	258	442	316	548	1,812

Estimated Treatment Population
Utilizing Population as base

Table 4B

MH Region	Region I	Region II	Region III	Region IV	Region V	Total
* % Factor	.53	.83	.87	1.0	.95	4.186
DRUG TYPE	Estimated	Estimated	Estimated	Actual	Estimated	Estimated
Opiates	37	58	61	70	67	293
Barbiturates	39	61	64	73	69	306
Other Sedatives	40	63	66	76	72	317
Amphetamines	133	209	219	252	239	1,052
Cocaine	4	7	7	8	8	34
Marijuana-Hashish	13	20	21	24	23	101
Hallucinogens	27	42	44	51	48	212
Inhalents	11	17	17	20	19	84
Other	2	2	3	3	3	13
Total	306	479	502	577	548	2,412

* % Factor based on number of people receiving drug abuse treatment in Region IV during calendar year 1976 (statistics based only on SMDP) compared to Region IV population (Region = 1.0).

Estimated Treatment Population
Utilizing Arrests as a Data Base

Table 4C

MH Region	Region I	Region II	Region III	Region IV	Region V	Total
* % Factor	.78	.82	1.39	1.0	1.73	5.72
DRUG TYPE	Estimated	Estimated	Estimated	Actual	Estimated	Estimated
Opiates	55	57	97	70	121	400
Barbiturates	57	60	101	73	126	417
Other Sedatives	59	62	106	76	131	434
Amphetamines	197	207	350	252	436	1,442
Cocaine	6	7	11	8	14	46
Marijuana-Hashish	19	20	33	24	42	138
Hallucinogens	40	42	71	51	88	292
Inhalents	16	16	28	20	35	115
Other	2	2	4	3	5	16
Total	451	473	801	577	998	3,300

* % Factor based on number of people receiving drug abuse treatment in Region IV during calendar year 1976 (statistics based only on SMDP clients) compared to Region IV drug arrests.

REASON FOR DISCHARGE BY PRIMARY DRUG

Table 5

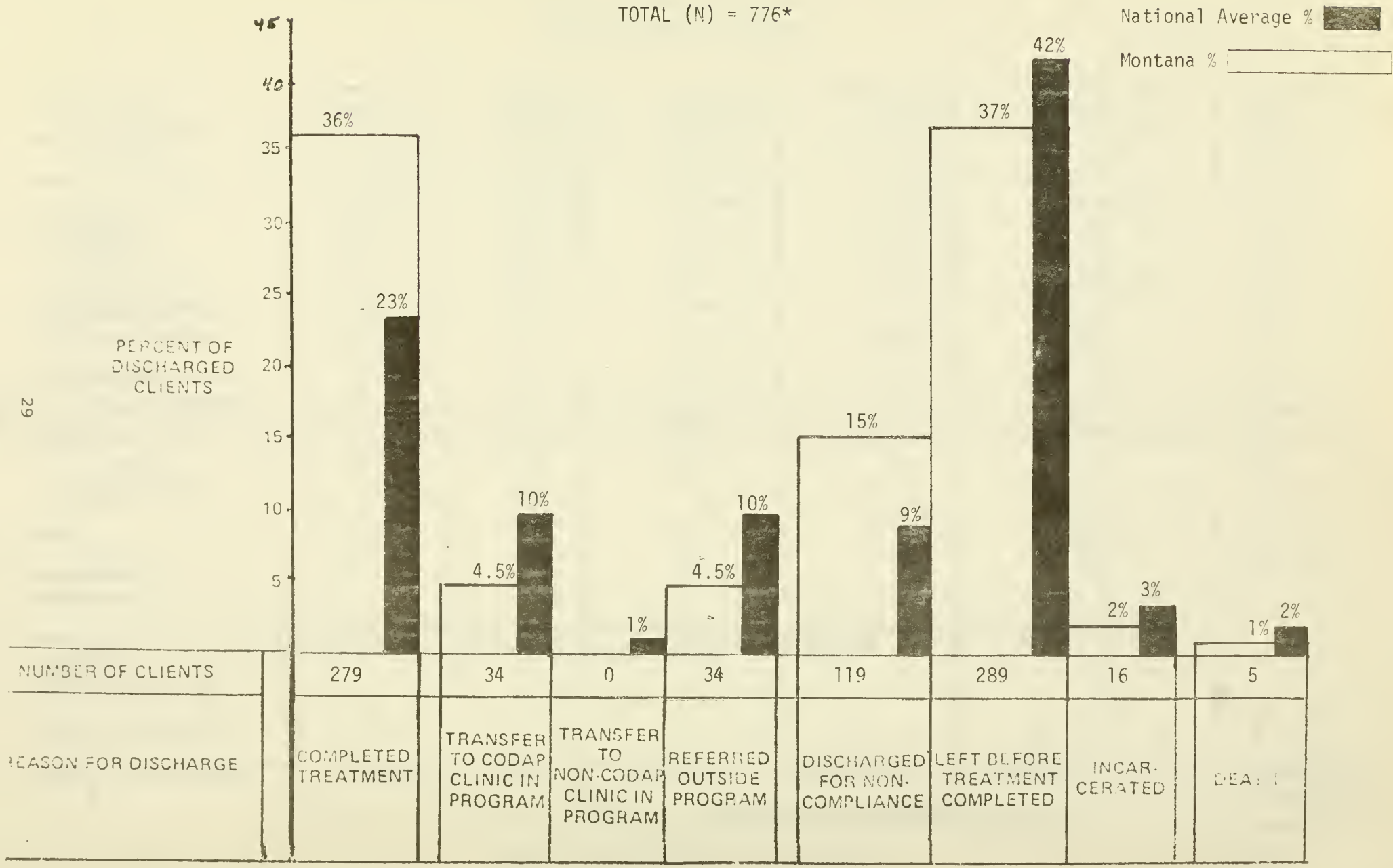
Reason for Discharge	Primary Drug At Admission - 1975						
	Opiates	Alcohol	Barbiturates	Amphetamines	Marihuana	Other	Total Percentage
Completed Treatment	10	-	4	28	20	32	29%
Client Left or was Discharged for Non-Compliance	17	4	12	56	47	54	59%
Transferred or Referred	7	-	9	2	2	7	8%
Other	1	3	1	5	1	3	4%
Total Percentage	11%	2%	8%	28%	22%	29%	100%
Total N	35	7	26	91	70	96	325
	1976						
Completed Treatment	13	1	15	40	10	45	32
Client Left or Was Discharged for Non-Compliance	25	10	24	88	13	59	57
Transferred or Referred	3	-	5	12	-	12	8
Other	-	-	1	1	-	8	3
Total Percentage	10%	3%	12%	37%	6	32	100%
Total N	41	11	45	141	23	124	385

Table 5B

SOUTHWESTERN MONTANA DRUG PROGRAM

DISCHARGES NOVEMBER, 1974 - NOVEMBER, 1976

TOTAL (N) = 776*



*N = 776 Does not include 98 clients discharged from Butte Youth Service Center on April, 1975, when that clinic closed.

CRIME INCIDENCE COMPARISON

Comparison of the number of crimes reported in 1976 to that reported in previous years provides a measure of the fluctuations in criminal activity.

For the first time in many years, the index crimes reported decreased in 1976 by 3.1 percent. The total of 32,137 index crimes reported in 1976 is 1,037 less than the 33,174 reported the previous year. A breakdown by offense for both years is shown below with the percentage of change in the right column.

Table 6A
CRIME INCIDENCE COMPARISON
1975 - 1976

OFFENSE	1975	1976	Percent Change
Homicide	46	41	– 10.9
Rape	132	124	– 6.1
Robbery	347	283	– 18.4
Aggravated Assault	1462	1137	– 22.2
Total Offenses Against Persons	1987	1585	– 20.2
Burglary	7240	6665	– 7.9
Larceny/Theft	21417	21560	+ .7
Motor Vehicle Theft	2530	2327	– 8.0
Total Offenses Against Property	31187	30552	– 2.0
Total 7 Major Offenses	33174	32137	– 3.1
Negligent Manslaughter	28	17	– 39.3
Other Assaults	1309	1375	+ 5.0
Arson	77	156	+102.6
Forgery and Counterfeiting	453	626	+ 38.2
Fraud	1036	1331	+ 28.5
Embezzlement	23	18	– 21.7
Stolen Property	241	200	– 17.0
Vandalism	7672	9233	+ 20.4
Weapons	326	539	+ 65.3
Prostitution	23	38	+ 65.2
Sex Offenses	333	350	+ 5.1
Drugs	1759	1702	– 3.2
Gambling	47	66	+ 40.4
Offenses Against Family	905	762	– 15.8
Total Other Offenses	14232	16413	+ 15.3
GRAND TOTAL	47406	48550	+ 2.4

Table 6B
OFFENSES KNOWN TO THE POLICE

Reporting Summary State Totals Report for January 1, 1976 thru December 31, 1976

CLASSIFICATION OF OFFENSES	Offenses Reported Or Known To Police	Unfounded Offenses	Actual Offenses	Number Of Offenses Cleared By Arrest	Number Of Offenses Cleared By Arrest Under 18
ARSON	165 *	9 *	156 *	88 *	30 *
FORGERY AND COUNTERFEITING	642 *	16 *	626 *	323 *	81 *
FRAUD	1,365 *	34 *	1,331 *	495 *	17 *
EMBEZZLEMENT	18 *	0 *	18 *	9 *	0 *
STOLEN PROPERTY: Buying, Receiving, Possessing	203 *	3 *	200 *	148 *	46 *
VANDALISM	9,438 *	205 *	9,233 *	1,157 *	574 *
WEAPONS: Carrying, Possessing, Etc.	614 *	75 *	539 *	289 *	45 *
PROSTITUTION AND COMMERCIALIZED VICE	44 *	6 *	38 *	30 *	0 *
SEX OFFENSES	366 *	16 *	350 *	177 *	24 *
NARCOTIC DRUG LAWS	1,780 *	78 *	1,702 *	1,456 *	437 *
Opiates	31	2	29	24	4
Marijuana	1,384	56	1,328	1,130	399
Dangerous Drugs	309	12	297	264	32
Other	56	8	48	38	2
GAMBLING	72 *	6 *	66 *	35 *	1 *
OFFENSES AGAINST FAMILY AND CHILDREN	830 *	68 *	762 *	504 *	137 *
TOTAL OTHER OFFENSES	15,537 ***	516 ***	15,021 ***	4,711 ***	1,392 ***
GRAND TOTAL	50,556 ****	2,006 ****	48,550 ****	13,862 ****	4,732 ****

* Indicates totals.

Table 6C

STATEWIDE ADULT & JUVENILE FELONY ARRESTS BY OFFENSE & AGE

January 1, 1976 thru December 31, 1976

OFFENSE	JUVENILES				ADULTS									GRAND TOTAL
	Total	1-11	12-15	16-17	Total	18-19	20-25	26-29	30-39	40-49	50-59	60-up	Unknown	
Homicide	4	0	0	4	46	12	12	3	5	6	1	7	0	50
Forcible Rape	7	0	2	5	49	7	12	11	13	4	2	0	1	57
Robbery	36	0	12	24	115	40	43	15	6	11	0	0	0	151
Aggravated Assault	142	6	65	71	857	103	308	134	176	76	47	13	32	1031
Total Against Person	189	6	79	104	1067	162	375	163	200	97	50	20	33	1289
Burglary	563	44	260	259	491	213	189	35	41	9	1	3	20	1074
Grand Theft	431	24	183	224	1347	358	461	148	197	83	69	31	40	1818
Auto Theft	256	0	142	114	284	101	104	22	28	16	11	2	5	545
Total Against Property	1250	68	585	597	2122	672	754	205	266	108	81	36	65	3437
Checks Cards Forgery	56	1	22	33	587	75	161	87	153	68	35	8	67	710
Sex	6	2	0	4	76	8	20	14	16	15	3	0	4	86
Drugs	522	7	131	384	1273	427	650	126	58	10	0	2	17	1812
Weapons	20	0	8	12	150	22	41	22	28	25	8	4	1	171
Arson	21	9	7	5	25	3	8	4	4	2	3	1	1	47
Federal	7	0	1	6	137	49	59	13	9	4	1	2	9	153
All Others	212	14	95	103	873	175	318	97	171	70	31	11	22	1107
Total Other Felonies	844	33	264	547	3121	759	1257	363	439	194	81	28	121	4086
GRAND TOTAL	2283	107	928	1248	6310	1593	2386	731	905	399	212	84	219	8812
Percent of Grand Total	.26	.05	.41	.55	.72	.25	.38	.12	.14	.06	.03	.01	.02	

Table 6D

STATEWIDE ADULT & JUVENILE FELONY ARRESTS BY OFFENSE, RACE & SEX

January 1, 1976 thru December 31, 1976

OFFENSE	RACE						SEX		
	TOTAL	White	Negro	Mexican	Indian	Other	TOTAL	Male	Female
Homicide	50	40	0	0	10	0	50	46	4
Forcible Rape	57	47	0	1	9	0	57	57	0
Robbery	151	106	5	1	39	0	151	136	15
Aggravated Assault	1031	586	3	22	420	0	1031	911	120
Total Against Person	1289	779	8	24	478	0	1289	1150	139
Burglary	1074	946	5	11	109	3	1074	1009	65
Grand Theft	1818	1505	17	25	269	2	1818	1545	273
Auto Theft	545	454	8	13	70	0	545	475	70
Total Against Property	3437	2905	30	49	448	5	3437	3029	408
Checks Cards Forgery	710	611	1	2	95	1	710	504	206
Sex	86	60	1	1	24	0	86	80	6
Drugs	1812	1585	8	20	196	3	1812	1550	262
Weapons	171	108	5	5	53	0	171	164	7
Arson	47	44	0	1	2	0	47	39	8
Federal	153	93	0	44	16	0	153	150	3
All Others	1107	838	6	11	251	1	1107	970	137
Total Other Felonies	4086	3339	21	84	637	5	4086	3457	629
GRAND TOTAL	8812	7023	59	157	1563	10	8812	7636	1176
Percent of Grand Total		.80	.01	.02	.18	.00		.87	.13

MONTANA DISTRICT COURT DATA

STATISTICAL METHOD

This is the second year in which information concerning District Court Criminal Cases is included in this report. Information for this chapter was reported to the Criminal Justice Data Center by the clerks of court in each judicial district between January 10, 1976 and January 1, 1977.

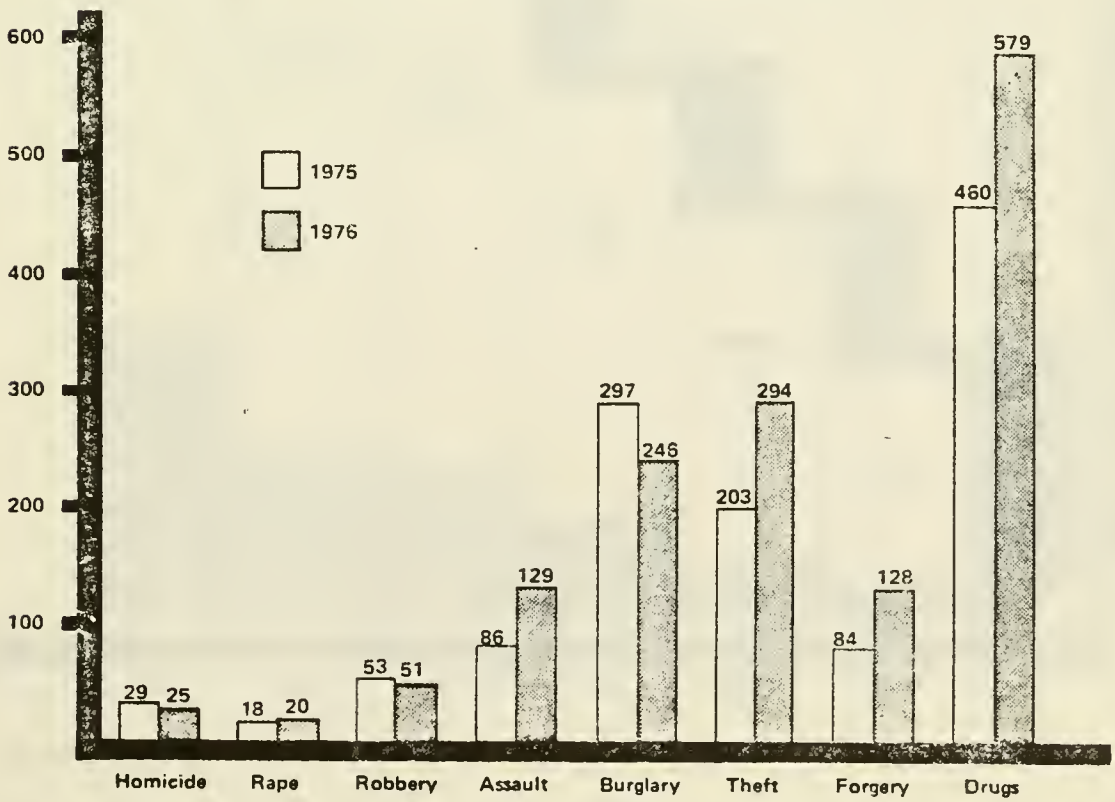
Data concerning District Court criminal cases is not comparable to the information provided for offenses known or arrests. Criminal cases may be settled informally prior to court action or sufficient evidence may not be available to pursue court action.

The major crimes, or index crimes, are much more likely to be followed by court action than are the less serious felony offenses or misdemeanor crimes.

CRIMINAL ACTIONS FOR MAJOR CRIMES

The bar graph below shows the total criminal actions for each major crime in 1975 and 1976. An overall increase of 355 cases or 24.6 percent was recorded. For serious crimes (illustrated below) an increase of 242 or 19.7 percent over the previous year was recorded. Drug cases continued to make up much of the court's criminal caseload, 39 percent of all activity.

Table 6E
COURT ACTIONS FOR SERIOUS CRIMES

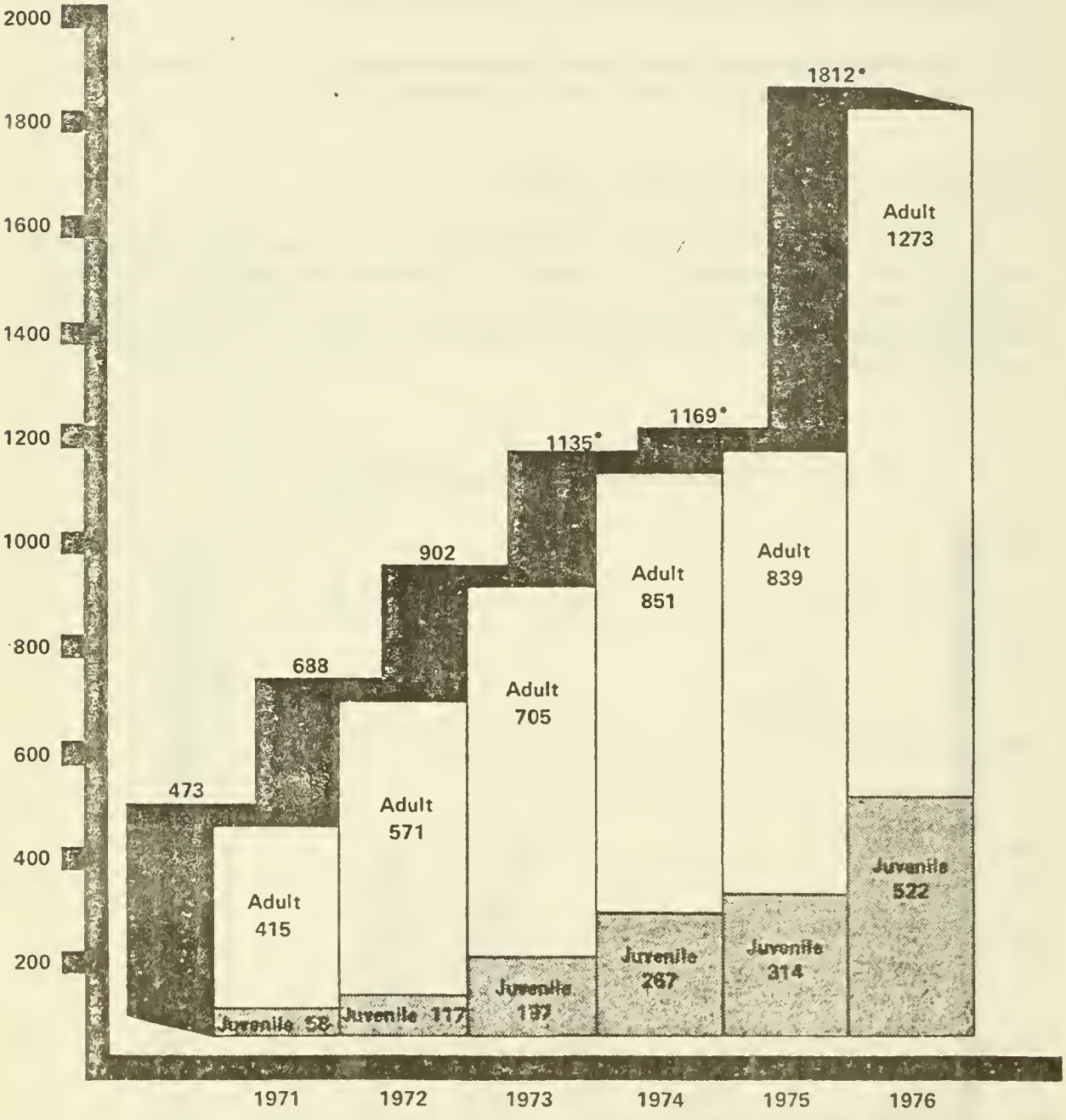


DRUG RELATED ARRESTS

The number of drug offense arrests increased significantly in 1976 despite a small decrease in the number of drug related offenses reported to the police. The proportion of juvenile offenders arrested has remained fairly constant (near 24 percent) despite the overall increase.

Table 6F

DRUG ARRESTS



*Unknown Age = 2% (17) - 1974, 1% (16) - 1975, 1% (17) - 1976

Chapter 3. PROGRAM FUNCTIONAL AREAS

3.0 Program Functional Areas

3.1 Introduction to Functional Plans

I. Administration Functional Plan

II. Planning and Coordination Functional Plan

III. Treatment and Rehabilitation Functional Plan

IV. Management Information Systems Functional Plan

V. Research and Evaluation Functional Plan

VI. Prevention, Intervention, Education and Public Information Functional Plan

VII. Training and Certification

VIII. Criminal Justice Interface Functional Plan

3.0 Program Functional Areas

3.1 Introduction to Functional Plan Components

The program functional areas are addressed as eight functional plan components under the categories of:

I. Administration

II. Planning & Coordination

III. Treatment and Rehabilitation

IV. Management Information Systems

V. Research and Evaluation

VI. Prevention, Intervention, Education and Public Information

VII. Training & Certification

VIII. Criminal Justice Interface

Each plan component presents the specific goals and objectives as set forth in the FY 1977 Drug Abuse Prevention Plan. The FY 1977 goals and objectives appear in chart form at the beginning of each functional plan. The chart of FY 1977 goals and objectives for each program functional area depict the allocated funds for FY 1977, the perceived level of accomplishment and a cost effectiveness assessment of each action item. Following the chart is a progress report, in narrative form, which discusses the accomplishments, constraints, and problems related to implementation of the FY 1977 objectives.

Each functional plan contains FY 1978 goals, objectives and tasks in chart form. The charts outline the functional responsibility, the cost to implement, and the estimated completion date of each action item. The charts are basically a work plan which can be monitored and updated by the ADAD. Because the annual state plan for drug abuse prevention is intended to be an internal working document as well as an informative document, the ADAD prefers to include a functional work plan in each plan component. The work plans will be utilized by ADAD staff in completing

action items scheduled for FY 1978.

Critical content areas, as suggested by the NIDA planning format, are included in each plan component.

All functional plan components and work plans were developed with respect to identified local, regional and state needs as well as in relation to state and federal priorities.

I. Administrative Functional Plan

A. FY 1977 Goals and Objectives

B. Progress Report

C. Critical Content Areas

1. SSA Organization

2. Administration of Drug Abuse Treatment Programs

3. Third Party Payments

D. Special Emphasis Programs

1. Minorities

2. Women

3. Youth

4. Elderly

5. Rural

E. Licensure, Certification Standards and Credentialing

F. Administrative Priorities

G. FY 1978 Goals and Objectives (Work Plan)

I. Functional Plan for Administration

A. FY 1977 Goals, Objectives

Following are the administrative goals and objectives as set forth in the FY 1977 State Plan for Drug Abuse Prevention. The charts depict the allocated funds for implementing the FY 1977 action objectives, the accomplishment level and the cost effectiveness assessment.

FUNCTIONAL PLAN FOR ADMINISTRATION - FY 1977

Goals, Objectives, Tasks - 1977	Allocated Funds for FY 1977	Accomplishment Level	Cost Effectiveness Assessment
Goal I: Manage and coordinate all Addictive Diseases (ADB) fiscal activities			
Obj. A: Manage and coordinate all budgets			
1. Prepare all annual budgets	3000	complete	100%
2. Manage ADB internal finances	6000	complete	100%
Obj. B: Design and implement cost allocation priorities system (long term)	-0-	abandoned	
Obj. C: Develop third-party payments as feasible			
1. Produce/cost benefit report	-0-	abandoned	
2. Work to develop legislation to include drug and alcohol abuse treatment in group health insurance coverage	-0-	carry over	
Goal II: Manage and coordinate ADB personnel matters			
Obj. A: Maintain personnel files			
1. Formalize staff job descriptions	1500	complete	100%
2. Prepare and update files	1500	on-going	100%
Obj. B: Develop staff/council member orientation presentation			
1. Prepare written policy materials package	750	nearly complete	90%
2. Prepare multi-media orientation presentation (long term)		long term	
3. Deliver finished presentation to state advisory council and interested state staff (long term)		long term	
4. Deliver presentation as needed	-0-	long term	

FUNCTIONAL PLAN FOR ADMINISTRATION - FY 1977

Goals, Objectives, Tasks - 1977	Allocated Funds for FY 1977	Accomplishment Level	Cost Effectiveness Assessment
Goal III: Manage and coordinate ADB publications			
Obj. A: Publish and distribute the ADB newsletter "The Habit" on a bi-monthly basis			
1. Formalize staff responsibilities for writing, editing and design	7500	two issues	33%
2. Prepare a publications program refinement proposal which details alternative publications arrangments.	1500	complete	100%
Obj. B: Utilize "The Habit" to develop client referral system			
1. Prepare a circulation expansion plan (long term)	-0-	long term	
2. Study feasibility of obtaining a second class mailing permit (long term)	150	complete	100%
3. Utilize newsletter to expand staff contacts	-0-	long term	

B. PROGRESS REPORT

All required departmental, formula grant and contract budgets were prepared and revised within the allotted time frames. Preparation deadlines for many budgets are close together, placing excessive pressure on staff responsible for their completion. Many budget categories are grouped together in department accounting and have created additional effort in calculations needed to separate expenditures into required NIDA reporting categories. During plan preparation, new costing objectives should facilitate fiscal processes in FY 1978.

Reorganization of the Alcohol and Drug Abuse Division (ADAD) has clarified staff roles and responsibilities. Financial management and coordination has become a well defined process and has ceased to be a functional priority.

Development of the entire Cost Allocation Priorities System (CAPS) was abandoned. The system was found to be too complex and costly for implementation in Montana where there are relatively few sub-State recipients of funds.

Development of third party payments was difficult because of the following constraints:

- Third party reimbursements revert to the State General Fund rather than to participating programs.
- Montana drug treatment programs are totally funded through the SSA; therefore, third party payments were not an incentive for match monies.
- Limited ADAD staff resources prevented preparation of a third party cost benefit study.

The Montana Alcohol and Drug Abuse Division prepared material which was presented to the 45th legislature for the purpose of establishing legislation to include drug and alcohol abuse treatment in

group health insurance coverage. Because the attempt was unsuccessful, the SSA third party payment developmental strategy has been adjusted to prepare for the 46th legislature in 1979.

Reorganization of the former Addictive Diseases Bureau (ADB) into the Alcohol and Drug Abuse Division (ADAD) has been a positive factor in establishing clearly defined staffing patterns and delineating specific position functions. All staff have prepared current job descriptions which will soon be formalized through Departmental policy.

A written orientation package directed at sub-State programs is nearly complete. Dissemination and use of the orientation package awaits receipt of components which have been published out-of-state. It is anticipated that the completed package will also be used at the state level. Plans to prepare a multi-media orientation have been dropped because of lack of resources; both in terms of trained staff, studio space and equipment required for photography and sound recording.

The ADAD continues to publish and distribute a newsletter, "The Habit". The newsletter was produced cooperatively by two staff members with other areas of primary responsibilities. Increased workload made these staff less available while expanded newsletter content requirements increased preparation time over the previous year. The SSA was faced with the prospect of abandoning the newsletter for lack of staff resources. As a result, a publications consultant was contracted to collect material, design a new publication format and coordinate relations with a printer. The newsletter now has an expanded circulation list which includes law enforcement organizations, education authorities, as well as a variety of recipients throughout the state.

C. CRITICAL CONTENT AREAS - ADMINISTRATION

1. SSA Organization

The SSA has been reorganized from the Addictive Diseases Bureau (ADB) into the Alcohol and Drug Abuse Division (ADAD). The ADAD exists within the State Department of Institutions.

Roles and responsibilities have been functionally defined under a new two-bureau organization which includes a Community and Program Development Bureau and a Reporting and Evaluation Bureau. (See Exhibit 2, Organizational charts). All position descriptions now apply to the ADAD.

The Community and Program Development Bureau is made up of five sections:

1. Direct Services Section
2. Technical Assistance Section
3. Special Services Section
4. Prevention Section
5. Training and Certification Section

The Reporting and Evaluation Bureau has three functional sections:

1. Management and Information Section
2. Contract Monitor and Program Evaluation Section
3. Policy and Standards Section

The Alcohol and Drug Abuse Division is guided by the Montana Advisory Council on Alcohol and Drug Dependency (SAC). The council is composed of eight members named by the Director of the Department of Institutions and approved by the Governor. The SAC meets at least quarterly to review and affirm SSA policy and to evaluate project and program activities.

Prior to Montana's legislative sessions, the SAC is an instrumental body in developing legislative strategy and in reviewing and supporting efforts of other legislative sponsors.

Council membership provides "broad representation of population groups to be served, of governmental and employee groups, local citizens groups, and representatives of major socio-economic and ethnic groups", according to the Council's existing by-laws. (For a list of council members see Exhibit 3.)

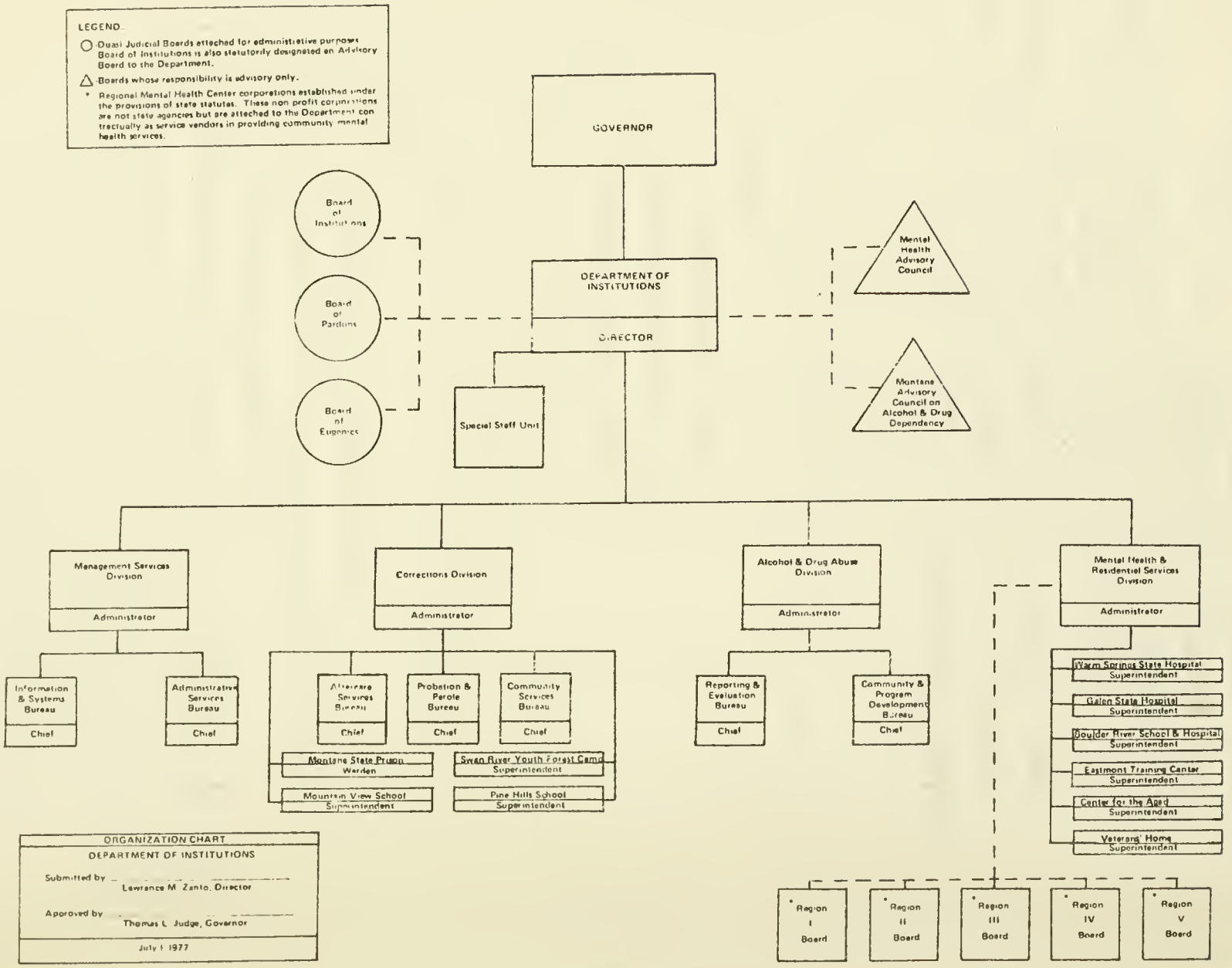

LEGEND
○ Quasi Judicial Boards attached for administrative purposes Board of Institutions is also statutorily designated an Advisory Board to the Department.
△ Boards whose responsibility is advisory only.
* Regional Mental Health Center corporations established under the provisions of state statutes. These non profit corporations are not state agencies but are attached to the Department contractually as service vendors in providing community mental health services.
GOVERNOR
Board of Institutions
Board of Pardons
Board of Eugenics
DEPARTMENT OF INSTITUTIONS
DIRECTOR
Special Staff Unit
Mental Health Advisory Council
Montana Advisory Council on Alcohol & Drug Dependency
Management Services Division
Administrator
Information & Systems Bureau
Chief
Administrative Services Bureau
Chief
Corrections Division
Administrator
Aftercare Services Bureau
Chief
Probation & Parole Bureau
Chief
Community Services Bureau
Chief
Montana State Prison
Warden
Swan River Youth Forest Camp
Superintendent
Mountain View School
Superintendent
Pine Hills School
Superintendent
Alcohol & Drug Abuse Division
Administrator
Reporting & Evaluation Bureau
Chief
Community & Program Development Bureau
Chief
Mental Health & Residential Services Division
Administrator
Warm Springs State Hospital
Superintendent
Galen State Hospital
Superintendent
Boulder River School & Hospital
Superintendent
Eastmont Training Center
Superintendent
Center for the Aged
Superintendent
Veterans' Home
Superintendent
Region I Board
Region II Board
Region III Board
Region IV Board
Region V Board
ORGANIZATION CHART
DEPARTMENT OF INSTITUTIONS
Submitted by
Lawrance M. Zanto, Director
Approved by
Thomas L. Judge, Governor
July 1 1977

EXHIBIT 2A

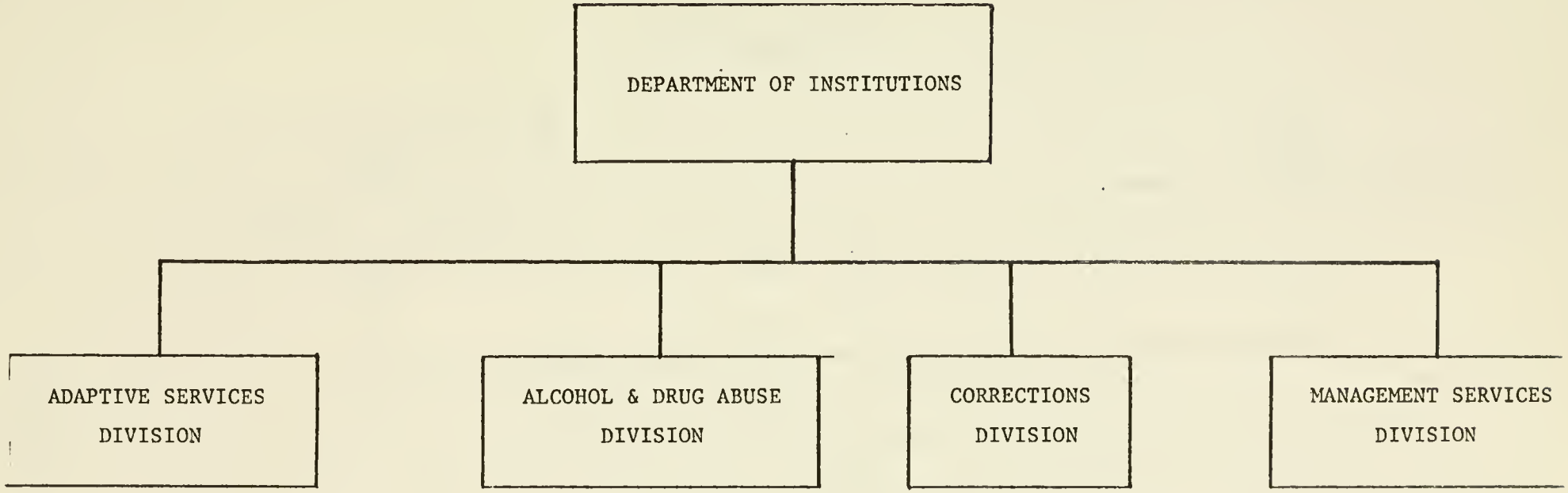

DEPARTMENT OF INSTITUTIONS
ADAPTIVE SERVICES DIVISION
ALCOHOL & DRUG ABUSE DIVISION
CORRECTIONS DIVISION
MANAGEMENT SERVICES DIVISION

EXHIBIT 2B

ALCOHOL & DRUG ABUSE DIVISION

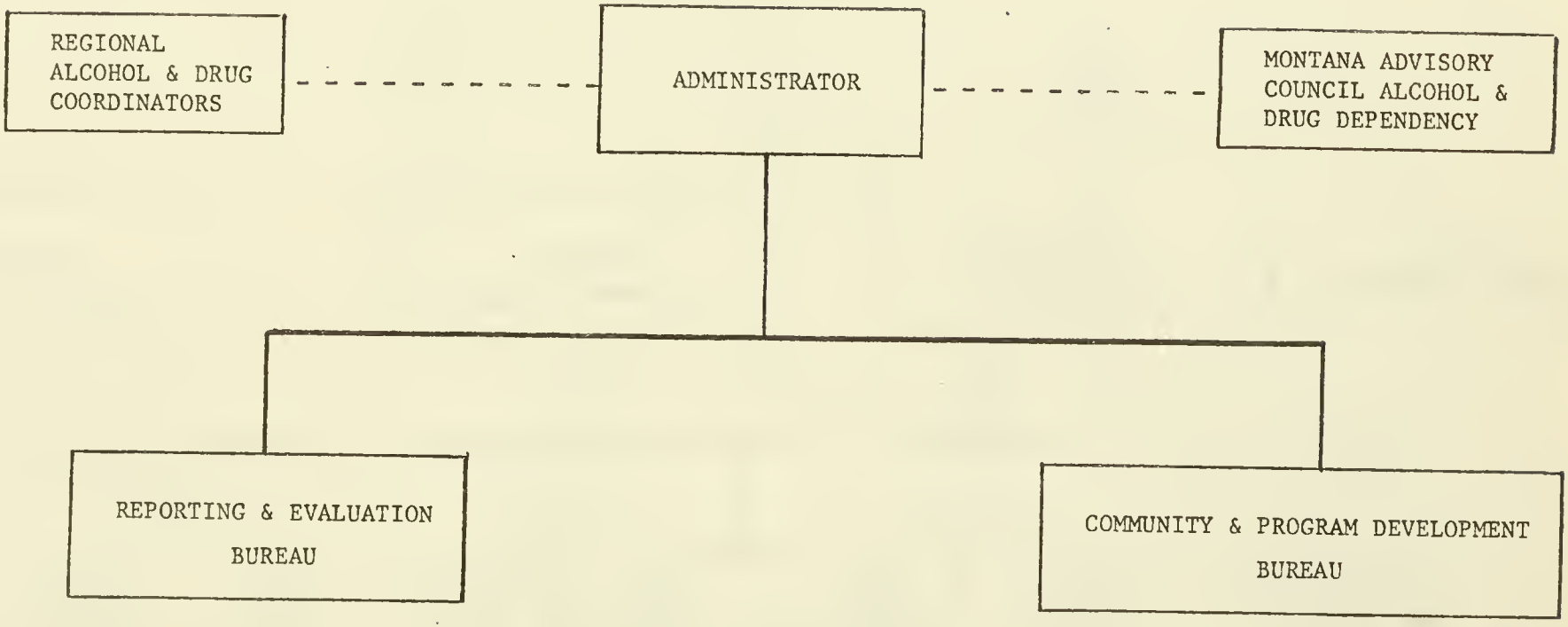

REGIONAL ALCOHOL & DRUG COORDINATORS
ADMINISTRATOR
MONTANA ADVISORY COUNCIL ALCOHOL & DRUG DEPENDENCY
REPORTING & EVALUATION BUREAU
COMMUNITY & PROGRAM DEVELOPMENT BUREAU

EXHIBIT 20

REPORTING & EVALUATION

BUREAU

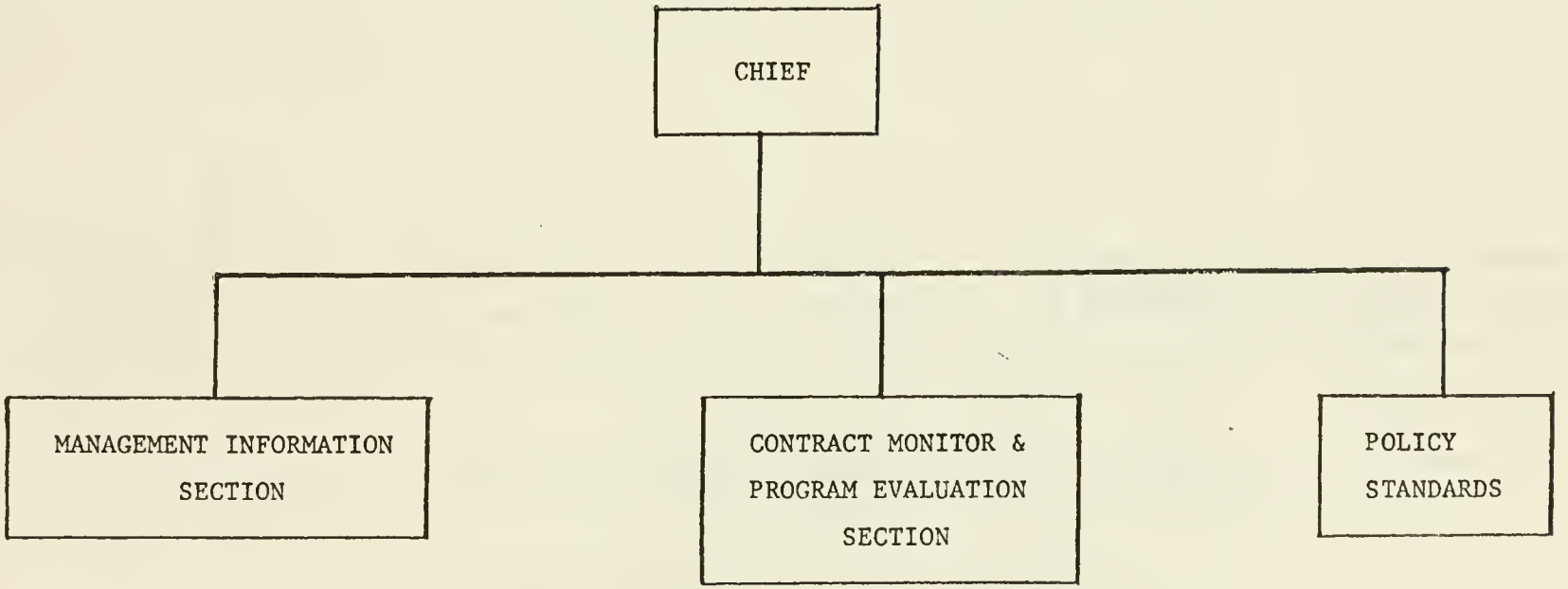


EXHIBIT 2D

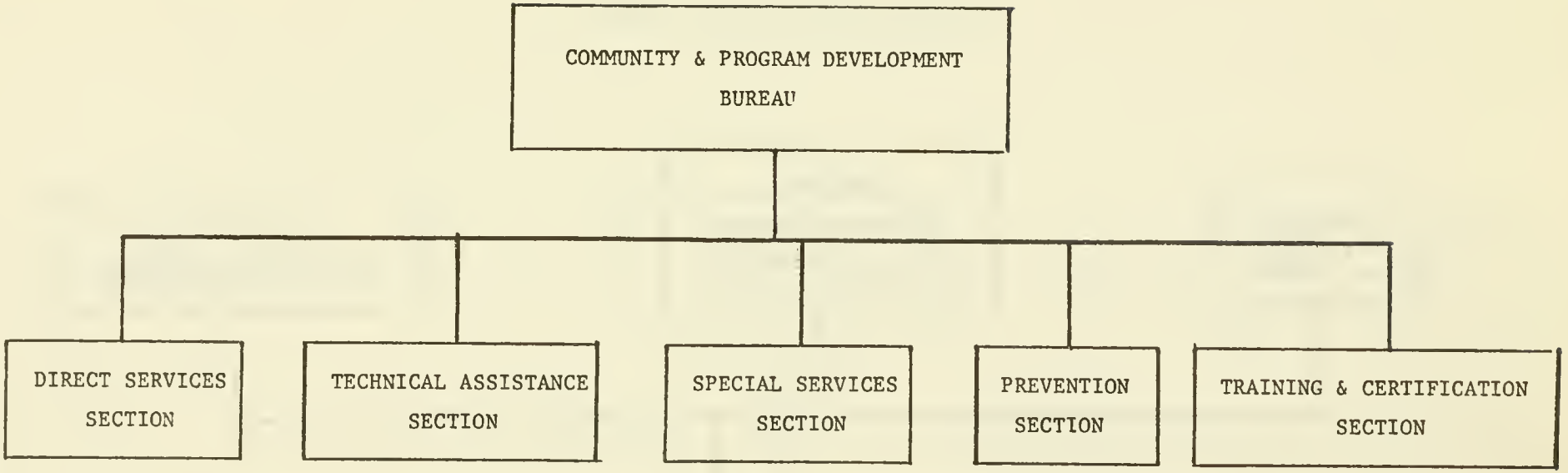

COMMUNITY & PROGRAM DEVELOPMENT BUREAU
DIRECT SERVICES SECTION
TECHNICAL ASSISTANCE SECTION
SPECIAL SERVICES SECTION
PREVENTION SECTION
TRAINING & CERTIFICATION SECTION

EXHIBIT 2E

Montana Advisory Council on

Alcohol and Drug Dependency

Robert VanHorne, Ph.D. - Chairman
(professor of pharmacy)
4 Martha's Court
Missoula, Montana 59801

Hon. Martha Herlevi - Vice Chairman
(senior citizen)
221 E. 11th
Red Lodge, Montana 59068

Hon. Larry Fasbender
(farmer/rancher, State Legislator)
Rte 1, Box 23
Fort Shaw, Montana 59433

Mrs. Peggy Skelton
(Housewife)
2514 S. Hills Drive
Missoula, Montana 59801

Lt. Gerald B. Hall
(policeman)
Rte 1 W., Box 236C
Great Falls, Montana 59401

Mrs. Sharon Pettit
(registered nurse)
715 Power
Helena, Montana 59601

Mrs. Katherine Hanrahan
(college librarian)
710 N. Meade Avenue
Glendive, Montana 59330

Joseph Plumage
(Native American Indian)
P.O. Box 83
Browning, Montana 59417

EXHIBIT 3

2. Administration of Drug Abuse Treatment Programs

Under delegated authority from the Director, Montana State Department of Institutions, the Alcohol and Drug Abuse Division will act as the Single State Authority for drug abuse treatment programs within the State. With that reponsibility, the ADAD will:

a. Review, evaluate, and coordinate all federal and state funding proposals relating to drug abuse.

b. Provide technical assistance to programs, conduct comprehensive on-site evaluations of drug abuse treatment programs to ensure compliance with state and federal criteria.

c. Encourage development of coordinated community, regional, and statewide programs.

Montana presently has the following drug abuse treatment programs:

a. Southwest Montana Drug Program

b. Lighthouse Residential Treatment Center

c. Rimrock Guidance Foundation

Southwest Montana Drug Program (SMDP) provides drug services to the largest service population through five satellite centers. SMDP is a state program administered by the Montana State Department of Institutions, Alcohol and Drug Abuse Division. Functionally, SMDP is under the Direct Services Section of the ADAD Community and Program Development Bureau. The Administrative Director of SMDP is accountable to the Bureau Chief of the Community and Program Development Bureau, who in turn reports to the Division Administrator. The day to day operations and programmatic decisions for SMDP are the

responsibility of the Administrative Director.

Lighthouse is a state operated residential treatment facility located in Galen, Montana. Lighthouse is a component of Galen State Hospital, which is part of the Department of Institutions, Mental Health and Residential Services Division.

Rimrock Guidance Foundation is funded by the Statewide Services Contract for provision of drug abuse treatment services. As stated in the contract, all work performed by Rimrock is under the technical guidance and direction of the Alcohol and Drug Abuse Division.

3. Third-Party Payment System

As noted in the preceding progress report, collection of third-party payment in Montana has been hindered by several factors.

- Reimbursements revert to the State general fund
- Little incentive for programs to collect third-party payments
- Legislative attempts to include third-party reimbursements for alcohol and drug abuse treatment on group health insurance plans was unsuccessful.

The Montana situation is typified by payor resistance to coverage of drug abuse. Many objections have been made to rendering third-party payments including lack of credentialling for treatment staff, programs and facilities, and confidentiality requirements maintained by drug abuse treatment programs. Treatment staff object to complex requirements needed to document individual cases for obtaining third-party payments. At this time, no incentive exists for collection of such payments because reimbursements revert to the State general fund.

The ADAD cooperated with sponsors of legislation intended to include substance abuse treatment in group health insurance coverage. The legislation was introduced in the 45th legislative session but failed to pass.

In 1976 the ADAD participated in the National Training System (NTS) review of third-party payors which covered Blue Shield (Montana Physicians Service), Medicaid (Title XIX), Title XX and Vocational Rehabilitation. Preliminary findings were not promising - "Very limited revenue is available at this time, but significant revenue may be generated if lobbying and developmental efforts are successful."

Titles XIX and XX present similar problems since current appropriations have already been allocated to other services and increased appropriations are not expected. With Blue Shield, treatment for alcoholics and drug abusers can be outlined under "nervous and mental disorders" benefits. According to the NTS study benefits were "typically quite limited to $500 per member per year, and the benefit usually can be used only when major medical deductible has been met." Care must be rendered by a M.D. or psychiatrist.

The NTS evaluation indicated that the availability of funding through Vocational Rehabilitation "looks promising". Funds are available, service coverage is broad, and agreements are easily established. The eligibility requirements will present the major obstacle. Clients must be disabled and have a vocational handicap, which can be treated, rendering the client employable. However, Vocational Rehabilitation prefers to limit treatment periods to less than three months. The ADAD is awaiting further clarification of regulations implementing the Federal Rehabilitation Act of 1973 which states that chemical substance abusers are among the handi-

capped. Regulations implementing Section 504 of the Act prohibit discrimination against substance abusers in hiring and job opportunity. It is not known whether the definition can be extended to include eligibility for available services and benefits.

The level of third party support for drug abuse treatment in Montana is negligible. However, some programs have inquired about the possibility of using food stamps, contributed by the client, as partial support. The Montana State Hospital at Galen, which provides detoxification and long term care for alcoholism, is presently receiving a significant level of support from third party payments for alcoholism treatment.

The primary strategy to be undertaken by the ADAD will be directed towards the 46th legislative session in 1979. Existing laws must be changed or modified to facilitate collection of third party payments. The ADAD will prepare material and provide technical support to sponsors of legislation which includes coverage of substance abuse treatment services in group health insurance plans.

The recent release of federal regulations which include substance abusers among the handicapped may signify Vocational Rehabilitation as an important source of payments.

A report will be prepared by the Reporting and Evaluation Bureau of the ADAD identifying sources of third party payments as well as corresponding eligibility requirements.

As staff certification and program evaluation become fully implemented, barriers to obtaining third-party payments from group health plans for substance abuse treatment services should be decreased.

D. Special Emphasis Programs

1. Minorities

The racial distribution in Montana is 95.5% white with 4.2% of the remainder being Native American. There are seven Indian reservations within the state as well as substantial landless and urban Indian populations in major cities. There are long standing animosities between tribes which hinder efforts to develop representative statewide input for planning purposes. The Montana Indian Commission on Alcohol and Drug Abuse (MICADA) was formed in earlier years to act as a voice for all Montana Indians but was disbanded as a result of intertribal conflicts. Presently each tribe must be dealt with as a culturally distinct entity, though needs among tribes are similar.

As compared with state population statistics, Montana's Indians comprise a disproportionate percentage (20-30%) of correctional and institutional population. Substance abuse problems typical of both on and off reservation Indians include solvent abuse and poly drug problems which often involve alcohol. While solvent abuse is more prevalent among youths, it appears to affect all ages, even entire families. Of twenty-one (21) mini-grants for drug abuse prevention granted in FY 1977, ten were granted to tribal alcoholism programs or to off reservation Indian programs. Five of these were specifically related to solvent abuse. The remainder were of broader emphasis but also included solvent abuse. (See Summary of Mini-Grant/Drug Prevention in Chapter 3 , page 140of this plan.)

Because of the lack of reservation drug abuse services, tribal alcoholism programs are relied upon to provide drug abuse services. These services may amount only to referrals to an

on reservation psychiatric social worker.

The ADAD will continue to assist and support substance abuse programs located on reservations, or programs which admit predominantly Indian clientele. The ADAD will also provide technical assistance, as appropriate, for development of a solvent inhalation research and demonstration grant application for submission to NIDA.

During FY 1978, the ADAD will develop a contract with an Indian organization to research and develop an appropriate continuum of care for Indian drug abusers.

2. Women

The ADAD addresses women as a priority population. As reflected by data presented in the Needs Assessment chapter of this plan, women make up approximately one-third of Montana's drug treatment population. The available data indicate that women clients may suffer from different kinds of drug abuse problems than men. Analysis of 1976 CODAP admission data shows that 65% of male admissions were for amphetamine abuse. Comparative data based on female admissions showed that 49% were for amphetamine abuse and 47% were admitted for problems resulting from the use of barbituates and depressants.

Southwest Montana Drug Program (SMDP) the major regional program, practices an affirmative action plan and has recently applied for a grant to provide special services for women. SMDP has requested additional state training in women's issues, sexuality and family therapy.

During FY 1977, the ADAD training section sponsored two workshops for counselors on "Women's Issues in Treatment". The course focused upon three main areas of concern:

1. Socialization - recognizing role limitations and conflicts, how women respond to social condition.
2. Relationships - Dependencies on partners, family and children. Interaction and communication problems based upon standard alternatives which seem to take power away from women.
3. Counseling - Specific methods were presented by which counselors can improve interaction with their women clients as well as problems inherent in the traditional counselor/client relationship. Agency structure, attitudes of management and the importance of having women involved in the program development decision making process were also relevant issues.

The SSA will continue to deliver training events related to women's needs and will participate in national efforts to study drug problems specific to women.

The Alcohol and Drug Abuse Division is currently organizing a Statewide Advisory Board on Women and Substance Abuse with regional representation. The initial goals established by the board are:

- Organize five regional women's task forces for the purpose of identifying regional needs.
- Conduct and coordinate regional women's needs assessment.
- To establish a model treatment program specifically designed for women substance abusers.

The organization of a Women's Advisory Board is viewed as a positive approach to be used in identifying specific needs of women in relationship to substance abuse. Because the board will

be gathering input from local, regional and state levels, their endeavors should greatly enhance planning efforts for women in the next year.

3. Youth

The data presented in the Needs Assessment suggest that abuse of all drugs but "downers" is a problem among Montana's youths. Amphetamine or "speed" abuse ranks the highest at approximately 28% of admissions under the age of 17. Community needs assessment and arrest data support the apparent need to target substance abuse prevention at the 17 and under age group. Drug education and information for youth is among the most commonly expressed community needs. Solvent inhalation is a growing problem among the young, particularly among Indians and the low income. The problem is present in remote rural communities on reservations and in Montana's largest cities. Solvents are readily obtained because they are easily accessible and inexpensive.

The longterm abuse of solvents is almost certain to result in physiological and psychological damage. One of the primary objectives of the ADAD is to continue to participate in efforts to study and deal with solvent abuse among Montana's youth. Of the 21 mini-grants for prevention issued in FY 1977, 9 were targeted at youth and five were aimed specifically at solvent abuse. (See Summary of Mini-Grant/Drug Prevention page139 of this plan.)

The training section of the ADAD presented a course entitled "Making a Difference with Youth" which was designed for social services, outreach and criminal justice workers who have direct contact with young people. The focus of the course was on the interaction among youth, youth programs/agencies and their communities. Major areas of concentration include youth programs, their

management and organizational design and development, counseling skills, legal services, resource development, community organization, cooperation and evaluation.

The philosophy behind the course is to present methods whereby service delivery systems for youth can more effectively provide a growing and learning experience for young people rather than just another system that tries to solve the problems of youth.

To more effectively identify the concerns and needs of youth the ADAD will be coordinating with the Child and Youth Development Bureau (C & YDB), State Department of Social and Rehabilitative Services, to organize five representative regional youth committees. The two agencies will also coordinate their planning endeavors in FY 1978 to develop an annual plan component for youth. The ADAD will provide technical assistance as necessary to the C & YDP for development of the plan component.

One of the priority objectives set forth by the ADAD in FY 1978 is to provide drug abuse treatment services for youth offenders in the criminal justice system. Considerable groundwork has already been laid for providing services to the youth offender population. A study conducted by Northwest Region V Alcohol and Drug Council and coordinated by the RADRDS has resulted in a demonstration project proposal which would create substance abuse services for residents of Swan River Youth Forest Camp in Lake County. The camp is a state correctional facility for offenders between the ages of 16 and 25, with an average resident population of fifty persons. The proposed project would provide an educational program for residents and staff, group therapy and counseling, and would develop a liaison with families and service agencies involved in providing supportive services when the youth returns

to the community.

Drug services directed at populations of three State correctional institutions, Pine Hills School for Boys, Swan River Youth Camp, and Deer Lodge State Prison, would be funded cooperatively by the Montana Board of Crime Control and the Alcohol and Drug Abuse Division. This coordination of effort responds to expressed community needs for more comprehensive services and for longer term care for youth abusers. The improved cooperation between the Board of Crime Control and the ADAD should assist in developing funding for substance abuse.

The ADAD has also funded development of a proposal to establish a foster home for Indian youth on the Flathead Indian Reservation in Region V. If funded, the proposal would provide a 15 bed, ranch type facility on 150 acres of land to serve Indian youths.

4. Elderly

Analysis of CODAP data comparing the primary drug problem at admission with age shows that in contrast with all other drug categories, admissions for opiates, barbituates and related drugs remain at high levels in the older age brackets. The available data suggests that abuse of barbituates (downers) obtained through prescription sources, and alcohol are the major drugs of abuse for older persons. Data comparing primary drug of abuse at admission with interval between the time of first use and time of admission shows that abusers in these categories typically take five or more years before seeking treatment. Alcoholism is by far the greatest substance abuse problem among Montana's elderly.

Though drug abuse treatment services have existed in Montana for nearly four years, clinics report that only recently have

older persons begun seeking treatment in appreciable numbers. This trend has been attributed to growing acceptance and trust of treatment programs, increased awareness of the existence of treatment services, improved outreach efforts, and employment of staff who can relate to older persons.

Some Montana communities having large retirement populations have indicated interest in developing programs specifically for the elderly. A proposed project in Butte would survey the drug use patterns of a "cross section of the elderly" as part of an effort to develop an adult education curriculum for persons over 60. The curriculum would be utilized by a variety of social service agencies, senior citizens groups and medical organizations.

Substance abuse needs assessment and resource development work in Eastern Montana, Region I, has initiated an adult education project scheduled for all seventeen counties within the region. Substance abuse program staff in Region I will provide a series of four lecture encounters for senior citizens groups.

5. Rural Programs

The ADAD perceives Montana as an entirely rural state. Montana's two major cities, Billings and Great Falls, both have populations of less than 100,000. Neither of these cities could be considered as a metropolitan area. Both communities are service centers for large rural, agricultural populations. Clients seeking treatment in these cities often originate from a rural setting. Montana has a population of approximately 700,000 spread throughout 147,138 square miles, an average of five persons per square mile. The major portion of Montana can only be described as ultra-rural.

Montana's geographic location, well inland and removed from

most sources of illicit drugs, results in very low levels of heroin and other illicit opiate problems. Heroin and opiate abuse are more typical of states having urban areas with inner city or ghetto problems. One concern related to Montana's ultra-rural geography is the seasonal influx of out-of-state tourists, workers, students and a growing number of gambling enthusiasts. These persons are not counted as residents when funding is allocated and are difficult to consider in terms of needs assessment. However, these transient persons contribute significantly to Montana's treatment population, to available drug supplies and to mortality figures. Transient populations also introduce usage patterns, including heroin abuse, which are not typical to Montana, but must now be considered.

Components which are most effective in areas with even moderate populations cannot be operated economically in the majority of Montana's counties. Processes which require cooperative implementation with established service providers are difficult to implement because of the lack of existing health services in many ultra-rural areas.

One difficulty in implementing programs in rural communities is the lack of ability to maintain an acceptable level of service utilization. Because of vast distances between communities (a wide spread service population) it is also difficult to develop awareness of programs. This problem is also evident in efforts to generate sub-state planning input on a county or regional basis. Community representatives must travel hundreds of miles to attend statewide or even regional meetings. In the winter, travel over icy highways and flying in poor weather is not only dangerous, but results in poor attendance.

Rural problems make basic planning, needs assessment and program implementation more time consuming and expensive in Montana than in urban or semi-rural states.

The ADAD perceives all programming within the state as rural. The ADAD must redesign NIDA's planning and operations format to adapt to Montana's limited staff and minimal support from other service structures. Although rural programming has been one of NIDA's priorities, Montana has felt little effect.

E. Licensure, Certification Standards and Credentialing

Standards for facilities have been included in the Statewide Services Contract funding mechanism. In addition, facility standards have been included in the newly completed evaluation manual which sets the standards for review and evaluation of all Montana substance abuse programs. As Montana's program evaluation process continues to function, programs should be continually refined in accordance with the standards.

Program credentialling is becoming a reality with completion and publication of the SSA evaluation handbook and the hiring of an ADAD staff evaluator. The evaluation process is being refined on an inservice basis and should become a maintenance process in the future, involving scheduling and conducting comprehensive on-site visits as well as the preparation of reports.

Staff certification is expected to be implemented in 1979, with all treatment staff brought to a minimum level of counselor certification. Currently Montana has a dual certification program for drug abuse counselors and for alcoholism counselors. An individual may be certified as a drug/alcoholism counselor, or can choose to be certified as a drug abuse counselor only or as an alcoholism counselor. Development of certification procedures has been in progress for two years, and at this time, is lacking only a mandate to make the requirements law. It is anticipated that a mandate will be obtained in 1979. (See Functional Plan for Training and Certification).

Certification is a central factor in the Montana training system; training needs are assessed in relation to certification standards. Presently, the ADAD training section has the capability to certify all persons working in the substance abuse field. The ADAD has elected to train persons up to minimal standards prior to full implementation

of the certification system.

The Montana certification system impacts treatment and rehabilitation counselors, prevention and education workers and treatment program administrators. Four levels or classifications of workers have been established:

Level 1: volunteer workers

Level 2: entry position for persons new to the field

Level 3: mid level. Workers with experience and training specific to their position.

Level 4: top level. Three or more years of work experience in addition to training specific to their position.

F. Administrative Priorities

Lacking resources is a frequently cited problem, therefore, the ADAD and the State Advisory Council have made the acquisition of increased funding a priority.

Another administrative priority is to improve liaison and coordination among State agencies which deal with substance abusers. A growing trend toward cooperative support of prevention programs is viewed as a means to increase ADAD access to funds which have been allocated to other human service agencies.

The need to develop agreements with other agencies to develop better coordination for information exchange, planning and funding was a recurring need expressed at local, regional and state levels.

The priorities for effective administration are:

Priority 1. Develop a strategy to obtain maximum third-party payments for substance abuse treatment services.

a) Identify sources and corresponding eligibility requirements for collection of third-party payments.

b) Prepare material and provide support to sponsors of legislation which includes coverage of substance abuse treatment services in group health insurance plans.

Priority 2. Improve coordination and cooperation among State social service agencies in support of substance abuse activities.

a) Clarify roles and responsibilities in field of substance abuse

b) Develop agreements with other agencies for information exchange, planning and funding pertaining to substance abuse.

G. FY 1978 Goals and Objectives (Work Plan)

The following chart lists administrative goals and action objectives which the ADAD intends to accomplish in FY 1978. The chart delineates the responsibility, the cost to implement and the estimated completion date of each action item.

FY 1978 WORK PLAN - ADMINISTRATION

Administrative Goals and Objectives - FY 1978	Responsibility	Cost to Implement	Estimated Completion Date
Goal I: Develop a strategy to obtain maximum Available third-party payments for substance abuse treatment services			
A. Identify all sources of third-party payments for substance abuse treatment in Montana.	Reporting & Evaluation Bureau (REB)	$500	October 1977
B. Identify eligibility requirements of third-party payment sources and prepare report.	REB	$500	March 1978
C. Submit summary report to the State Advisory Council which contains collection strategy recommendations.	Division administration	$500	May 1978
D. Provide background material and technical support to sponsors of legislation which includes coverage of substance abuse treatment services in group health plans.	Swartz - Community & Program Development Bureau	$200	December 1978
E. Increase matching fund contributions for local programs and projects through a minimum of ten community encounters.	Swartz - Community & Program Development Bureau	$750	June 1978
Goal II: Publish and circulate a program newsletter "The Habit"			
A. Prepare and edit written and photographic content at least three weeks prior to distribution date.	Writer/Photographer (REB)	$3500	Bi-monthly
B. Coordinate with printer in publication design and proofreading prior to printing.	Editor (REB)	$600	Bi-monthly
C. Manage circulation and maintain mailing lists.	Editor (REB)	$2500	Bi-monthly

Administrative Goals and Objectives - FY 1978	Responsibility	Cost to Implement	Estimated Completion Date
D. Prepare circulation expansion plan	Editor (REB)	$200	October 1977
Goal III: Assure that adequate attention is paid to special emphasis programs.			
A. Racial & ethnic minorities			
1. Continue to assist and support local substance abuse programs located on reservations or which deal with predominately Indian clientele, with a minimum of two community encounters.	Swartz & Rice (C & PDB)	$750	June 1978
2. Analyze and publish (if data warrants) Great Falls solvent abuse studies concerned with Indian Youth.	Swartz, Planner (C & PDB)	$1000	December 1978
3. As appropriate, provide technical assistance for development of a solvent inhalation research and demonstration grant application for submission to NIDA.	Swartz (C & PDB)	$600	December 1977
4. Assist in identification of funding for Morningstar treatment project in Billings.	Swartz (C & PDB)	$750	October 1977
5. Develop a contract with an Indian organization to research and develop an appropriate continuum of care program for Indian drug abusers.	REB	$2000	June 1978
B. Women			
1. Organize a statewide advisory board on women and substance abuse with regional representation.	Murphy - Technical Assistance Sec. C & PDB	$1000	June 1978
2. Organize five regional women's task forces to conduct regional needs assessments.	Murphy - Technical Assistance Sec. C & PDB	$500	February 1978

Administrative Goals and Objectives - FY 1978	Responsibility	Cost to Implement	Estimated Completion Date
3. Conduct and coordinate regional women's needs assessment.	Murphy - Technical Assistance Sec. C & PDB	$1250	April 1978
4. Develop a women's treatment modality which is adapted to Montana (See treatment & Rehabilitation Functional Plan 3.)			
5. Participate in a statewide interagency study of the Battered Wife Syndrome.	Murphy - Technical Assistance Sec. C & PDB	$400	To be scheduled
6. Increase analysis of CODAP data which is differentiated by sex.	Anderson (REB)	$300	April 1978
C. Youth			
1. Continue to support Families are Responsible Program	Gwaltney (C Y PDB)	$8300	June 1978
2. Cooperate with Child & Youth Development Bureau (C & YDB), State Department of Social and Rehabilitative Services, to develop an annual plan component for youth.			
a. Organize five representative regional youth committees.	C & YDB staff	$5000	October 1977
b. Organize at least five regional and one state workshops for planning.	C & YDB staff	$2500	April 1978
c. Provide technical assistance as necessary to develop a state plan component.	C & YDB Swartz, Planner	$1250	May 1978
3. Continue to participate in efforts to study and deal with solvent abuse among Montana youths. (See Goal III)			
4. Provide treatment services to youth offenders in the criminal justice system (See Functional Plan IIITreatment & Rehabilitation.)			

Administrative Goals and Objectives - FY 1978	Responsibility	Cost to Implement	Estimated Completion Date
D. Senior Citizens			
1. Support at least one community based project to study substance problems and needs of the elderly.	Swartz (C & PDB)	$2000	March 1978
2. Support at least one regional project to provide substance abuse education to senior citizens.	Swartz RADRDS	$1000	June 1978
Goal IV: Improve coordination and cooperation among state social service agencies in support of substance abuse prevention activities.			
A. Initiate a minimum of four group encounters among state social service agency staff representatives to clarify roles and responsibilities in the field of substance abuse.	Division Administrator, Murray	$ 600	Quarterly
B. Develop mutual agreements for information exchange, planning and funding pertaining to substance abuse.	C & PDB, Swartz REB, Planner	$1100	March 1978

II. Planning and Coordination Functional Plan

A. FY 1977 Goals and Objectives

B. Progress Report
   1. Improvement of Planning Process

C. Relationship to Montana Health Systems Agency, Inc. and State Health Coordinating Council

D. Coordination with Other Agencies
   1. Mental Health
   2. State Alcoholism Authority
   3. State Vocational Rehabilitation
   4. State Labor Assistance
   5. Department of Education
   6. Department of Justice

E. Planning and Coordination Priorities

F. FY 1978 Goals and Objectives (Work Plan)

II. Functional Plan for Planning and Coordination

A. FY 1977 Goals and Objectives

Following are planning and coordination goals and objectives as set forth in the FY 1977 State Plan for Drug Abuse Prevention. The following charts depict the allocated funds for implementing the objectives, the accomplishment level and the cost effectiveness assessment of each action item.

FUNCTIONAL PLAN FOR PLANNING & COORDINATION - FY 1977

Goals, Objectives, Tasks - 1977	Allocated Funds for FY '77	Accomplishment Level	Cost Effectiveness Assessment
Goal I: Provide statewide planning for activities dealing with substance abuse.			
A. Prepare annual Montana State Plan for Drug Abuse Prevention, performance report and necessary update planning documents.			
1. Collect state plan documentation.	$2600	Partially complete	20%
2. Prepare review materials for staff and state advisory council use.	$ 500	Partially complete	25%
3. Publish and distribute state plan.	$1000	After the fact	10%
4. Prepare update planning documents as necessary	$ 600	Complete	100%
B. Manage and coordinate all grant applications.			
1. Identify and contact potential funding sources	$ 800	Completed	75%
2. Maintain liaison with potential funding sources.	$ 500	Completed	100%
3. Prepare all grant applications.	$1500	Completed	100%
C. Assist regional programs to develop planning capability.			
1. Develop planning expertise of state staff.	$ 500	Partially complete	20%
2. Utilize regional staff to develop lists of planning needs and problems.	$ 500	Complete	100%
D. Coordinate planning assistance with regional Addictive Diseases Resource Development Specialist (Statewide).			
1. Extend planning services to group and individuals involved in substance abuse work (via RADRDS).	$ 100	Complete	60%
2. Develop and promote project plans which meet action plan goals & objectives.	-0-	Carry-over	

B. Progress Report

During FY 1977 the ADAD relied upon the Regional Addictive Diseases Resource Development Specialists (RADRDS) to provide regional plan data. Information applicable to the State Drug Abuse Prevention Plan was received from Region I, IV and V. However, plan input from Region II was incomplete and information from Region III included only alcoholism information with no data concerning drug abuse. Therefore, regional plan documentation is inadequate.

Data was collected from the Montana Board of Crime Control (MBCC) on arrests related to drug abuse, but specific drug categories are limited to opiates, synthetic narcotics, marijuana and other non-narcotic dangerous drugs. The categorization used by MBCC made it difficult to compare MBCC data with CODAP data. Data has not been obtained from most of the state's hospitals or from the Professional Services Review Organization (PSRO) which reviews claims for Title XIX and Title XX funds submitted by members of Montana Physicians Service (Blue Shield). Through efforts of RADRDS, regional statistics have been obtained from some hospitals, law enforcement agencies, public and private health practitioners and community figures; the input is not uniform in all regions and serves primarily to corroborate other sources.

Formal quarterly plan reviews were not conducted; however, periodic informal planning reviews were conducted by the Community and Program Development Bureau. Reorganization of the ADAD has resulted in a new planning position under the Reporting and Evaluation Bureau.

Review materials for staff and State Advisory Council use were inadequate because of the late start in formally preparing the Plan.

The ADAD contracted with a consultant to write the plan three months prior to the plan submission deadline. The Council did, however, accept the plan in concept with the recommendation that abstract sections be included to permit a more timely review of various plan components.

It is anticipated that the FY 1979 Plan will be prepared far enough in advance of the NIDA submission date to permit all necessary review and approval.

Though responsibility for identification and contact of potential funding sources was assigned to "planner" in the FY 1977 plan, these tasks were accomplished within designated time frames. The ADAD continues to identify and contact potential funding sources. All tasks in this activity area were accomplished, though generally on an "as needed" basis. The ADAD receives and administers relatively few grants. Those that are produced are for the support of specific ADAD activities (State Training and Support Program - STSP, Integrated Drug Abuse Reporting Process -- IDARP, Statewide Services Contract.) and are closely supervised by responsible staff. Most ADAD funding proposals are coordinated and prepared by staff already familiar with types of background material and documentation required by specific funding sources. For the most part, this will become the responsibility of the "planner".

The ADAD continues to assist regional programs in developing planning capability. NIDA annual plan guidelines and requirements were distributed to all RADRDS. The format was also used during a planning workshop for RADRDS and interested local program staff.

The overall success of the RADRDS program, in which staff were contracted through community mental health boards, must be qualified. RADRDS were primarily responsible for (and funded for) alcoholism

concerns. Drug abuse was a second priority. Adequate drug abuse needs assessments were obtained from Eastern Montana Region I, and Southwest Montana Region IV. In FY 1978 RADRDS will be continued only in Regions I and V.

Though considerable activity related to drug abuse prevention did occur, lack of documentation makes evaluation of the RADRDS difficult. RADRDS were instrumental in establishing a new drug abuse treatment center in Missoula. RADRDS participated in coordinating mini-grants for drug abuse prevention projects, in developing youth and adult education relating to substance abuse prevention and in strengthening relations between community services providers.

1. Improvement of Planning Process

As a result of expressed needs and ADAD reorganization, a planning position has been created within the ADAD, Reporting and Evaluation Bureau. The planner will have responsibility for coordinating all of the Division's planning activities as well as responsibility for the management and coordination of funding proposals. Hiring of a planner will facilitate the planning process at the state level.

Regional planning will remain the responsibility of RADRDS in Regions I and V. As an alternative to RADRDS, the ADAD will issue contracts to agencies submitting effective proposals for planning responsibility in the remaining Regions (Regions II, III, IV). The ADAD has already contracted with Providence Resocialization Center in Great Falls to provide uniform regional plan input from Northcentral Region II. All regional contracts for planning will include needs of Indians within the respective regions.

The development of the Statewide Advisory Board on Women and Substance Abuse, with regional boards and local task forces, will be a means of gathering plan input regarding women's concerns. Also, in cooperation with the Department of Social and Rehabilitative Services, Child and Youth Development Bureau (C &YDB), five regional youth committees will facilitate planning input from Montana's youth. The two agencies, ADAD and C & YDB, will prepare a coordinated plan component for youth based upon recommendations from the five regional youth committees.

The formalized agreement between the ADAD and the Montana Board of Crime Control will enable both agencies to more effectively utilize and compare data relevant to the criminal justice system and drug abuse prevention. (See Functional Plan for Criminal Justice Interface)

C. Relationship to Montana Health Systems Agency, Inc. and State Health Coordinating Council

The Montana Health Systems Agency Inc. (HSA), which has been in operation for less than one year and presently functions under conditional designation status, has combined the functional responsibilities of the HSA Governing Board and the State Health Coordinating Council (SHCC) into a single body. To facilitate planning, the ADAD coordinates preparation of the annual plan for Drug Abuse Prevention with the State Health Planning and Resource Development Bureau, State Department of Health and Environmental Sciences. The two bureaus have agreed to share planning information as required for development of State Plan for Drug Abuse Prevention and relevant components of Montana's State Health Plan.

The Montana Health Systems Agency, Inc. will review and comment upon the annual Drug Abuse Prevention Plan, and after the HSA receives official designation from the Secretary of HEW, the Montana HSA will be responsible for review and approval of the plan.

D. Coordination With Other Agencies

1. Mental Health

Regional mental health boards in all five planning regions were selected to administer Regional Addictive Diseases Resource Development Specialist (RADRDS) contracts. The ADAD coordination with the Montana mental health program has increased markedly over the past year, largely as a result of coordination of the regional planning process and utilization of RADRDS.

2. State Alcoholism Authority

The Montana Alcohol and Drug Abuse Division is the single state Agency for Drug Abuse Prevention as well as the state Alcoholism Authority. Efforts are being made to combine alcoholism and drug abuse concerns under the single category of chemical dependency and chemical substance abuse.

Some ADAD staff are paid with National Institute on Alcoholism and Alcohol Abuse (NIAAA) funds and some with proportional amounts from both NIAAA and NIDA, depending upon position functions. Much of the community development work and prevention activities apply to both drug and alcohol concerns.

3. State Vocational Rehabilitation Agency

Until recently, the ADAD has met with little success in obtaining vocational rehabilitation funding. It is anticipated that release of regulations designed to implement Section 504 of the Rehabilitation Act of 1973, which declares alcohol and drug abusers among the handicapped, should create a new basis for cooperation in this area. (For a further discussion of Vocational Rehabilitation see the Functional Plan for Administration.)

4. State Labor Assistance Agency

At present, there is no formal state level coordination

between the ADAD and labor assistance. There are, however, a variety of formal and informal arrangements between local treatment programs and local employment agencies.

The Statewide Services Contract, which established drug abuse services in Billings, contains provisions requiring that employment services be provided to clients in treatment. All future programs established through this contract mechanism will require the same provisions.

5. Department of Education

The ADAD contracts with the Montana University System to provide substance abuse training to law enforcement officers. The ADAD also provides training opportunities to educators, both directly and through mini-grants for prevention. ADAD staff cooperated with the State Superintendent of Public Instruction in developing and continuing the Self, Inc., consortium which produced and is now distributing films about adolescent problems.

State authority for education is split between the State Office of Superintendent of Public Instruction and the State Board of Education, making state level coordination difficult. Local programs work with local boards of education and schools to provide information and prevention services. Occasionally incidence and prevalence studies are conducted within the public school systems.

6. Department of Justice

A formal agreement exists between the Alcohol and Drug Abuse Division, Department of Institutions, and the Law Enforcement Services Division of the Montana Department of Justice. The Law Enforcement detection laboratory in Missoula provides analysis of substances from crime scenes and aids pathological work by

identifying drugs or lethal substances in body fluids.

Local drug abuse treatment programs are able to utilize the detection laboratory through coordination with the ADAD office for the purpose of identification and analysis of "street drugs".

Statistics and information generated from the detection laboratory will be available to the ADAD for planning purposes.

E. Planning and Coordination Priorities

As a result of immediate needs for improved planning capabilities and coordination of planning at the local, regional and state levels the following priority has been established:

Priority 1. To provide a comprehensive and coordinated means of assessing the needs of Montanan's for substance abuse services and develop and implement activities to meet identified needs.

a) Hire a full time planner

b) Develop a uniform sub state planning process

c) Prepare annual State Plan for Drug Abuse Prevention

d) Coordinate development and implementation of grants and contracts necessary to further objectives of the Plan.

e) Pursue development of an annual Substance Abuse Plan combining Drug Abuse and Alcohol Abuse Plans for FY 1979.

(See following work plan)

F. FY 1978 Goals and Objectives (Work Plan)

The following chart lists planning and coordination goals and action objectives which the ADAD intends to accomplish in FY 1978. The chart delineates the functional responsibility, the cost to implement and the estimated completion date of each action item.

FUNCTIONAL PLAN FOR PLANNING AND COORDINATION - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
Goal I: Prepare annual state plan for drug abuse prevention			
A. Conduct a performance assessment and planning review through a minimum of six individual interviews with each SSA staff member.	Planner (C & PDB)	$2200	Bi-monthly
B. Identify types of planning input and documentation required for annual plan and coordinate planning endeavors with other state agencies.	Division administration (C & PDB) Planner	$1400	October 1977
C. Coordinate and schedule input of performance documentation, cost data, incidence and prevalence data and needs assessment information required for annual plan.	Planner (C & PDB)	$ 700	June 1978
D. Prepare an annual plan draft for review by the State Advisory Council, Montana Health Systems Agency and State Health Coordinating Council, and the general public.	Planner (C & PDB)	$ 600	April 1978
E. Prepare a final plan draft which incorporates review findings and recommendations.	Planner (C & PDB)	$1167	May 1978
F. Coordinate design and printing of annual plan.	Planner (C & PDB)	$ 150	June 1978
Goal II: Manage and coordinate SSA grant and contract applications.			
A. Identify, contact and maintain liaison with a minimum of four potential SSA funding sources.	Planner Swartz (C & PDB)	$ 500	June 1978

FUNCTIONAL PLAN FOR PLANNING AND COORDINATION - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
B. Prepare a minimum of three SSA grant and contract applications.	Project Director Planner, Writer	$1500	June 1978
Goal III: Develop sub-state planning cability			
A. Develop planning capabilities and expertise of staff at all program levels.			
1. Plan and schedule at lease one planning format development/training event for state and sub-state staff.	Swartz, Planner (C & PDB)	$1500	December 1977
2. Develop planning aids and materials for use by sub-state planners.	Swartz, Planner (C & PDB)	$ 750	December 1977
B. Produce regional plan components which contain all necessary sub-state planning input.			
1. Utilize regional staff to implement a uniform sub-state planning format based on NIDA requirements in Regions I, IV and V.	Swartz, Planner (C & PDB)	$2400	December 1977
2. Develop alternative mechanisms for sub-state planning input in Regions II and III.			
a. Meet with regional mental health centers and health coordinating councils at least twice.	Swartz (C & PDB)	$ 240	December 1977
b. Initiate a minimum of six contracts with local treatment resources and other community service providers.	Swartz (C & PDB)	$ 300	December 1977
Goal IV: Unify perceptions of drug and alcohol abuse as substance abuse.			
A. Investigate feasibility of preparing state substance abuse plan which combines drug abuse and alcohol abuse annual plans.	Division Admin. REB & C & PDB	$ 250	February 1978

FUNCTIONAL PLAN FOR PLANNING AND COORDINATION - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
B. Summarize findings of study in a report to the State Advisory Council and receive recommendations.	Division Admin. Murray	$ 150	May 1978

III. Treatment and Rehabilitation

A. FY 1977 Goals and Objectives

B. Progress Report

C. State Capacities by Modality

D. Sub State Progress Reports

1. SMDP

2. Lighthouse

3. Rimrock Guidance Foundation

E. Treatment and Rehabilitation Priorities

F. FY 1978 Goals and Objectives (Work Plan)

FUNCTIONAL PLAN FOR TREATMENT AND REHABILITATION - FY 1977

Goals, Objectives, Tasks - 1977	Allocated Funds for FY 1977	Accomplishment Level	Cost Effectiveness Assessmer
Goal I: Provide regionalized treatment and rehabilitation (T/R) services statewide.			
A. Develop regional services in four presently unorganized mental health regions.			
1. Establish regional resource staff, co-opting alcohol, drug and mental health concerns.	$200,000*	Complete	40%
2. Develop and initiate treatment and rehabilitation services in major communities, seeking to consolidate and upgrade existing programs when possible.	70,000	Complete	100%
B. Develop a formal client referral system on a regional basis.	-0-	Deleted	

*alcohol funds

B. Progress Report

Regional Addictive Diseases Resource Development Specialists (RADRDS) staff were provided in all five planning regions through contracts with Regional Mental Health boards, utilizing alcoholism funding. While the primary thrust of RADRDS activity was related to alcohol, resources for the treatment of both alcoholism and drug abuse are much the same in most rural areas. While it was not anticipated that regional planning input would be fully uniform administrative difficulties resulted in no input from Southcentral, Region III and inadequate input from Northcentral, Region II. Continuing follow-up activities will be the only way to fully assess the impact of most RADRDS activity due to lacking documentation.

All tasks relating "to the development of treatment and rehabilitation services in major communities and seeking to consolidate and upgrade existing programs when possible" were accomplished. The ADAD continues to cooperate with and assist the stop-gap services available through "community caretaker-type" service providers. These services border on the technical category of prevention, but are locally perceived and relied upon as treatment in the absence of most other resources.

Drug abuse treatment services were established through the Statewide Services Contract with Rimrock Guidance Foundation in Billings, South Central Region III, with a NIDA slot capacity of 35. The ADAD also established a new treatment center in Missoula, Northwest - Region V, with a NIDA slot capacity of 50, under the administration of Southwest Montana Drug Program (SMDP), based in Region IV. Eastern Region I and Northcentral Region II remain without formal treatment services. Funding levels will be inadequate to further expand treatment services on a formal basis in FY 1978.

Expansion will be aimed at bolstering existing resources of all types for substance abuse and to improving referral among available service resources. A possible means of increasing substance abuse treatment services available within the state, without similar increases in NIDA slot capacity, is through the Mental Health Program. Mental Health Center admissions related to drug abuse as a primary problem increased from 113 in FY 1976 to 206 in FY 1977.

Input from treatment centers indicates acceptance of referral procedures developed on an informal basis through personal contacts among program staff and facilitated as necessary by the ADAD and other state agencies. The cost and complexity of a formal client referral system at the present stage of program development is thought to be unjustifiable in view of available resources. This long term activity area has been dropped from the FY 1978 work plan.

Continued improvement in coordination and upgrading of services offered by existing treatment resources is a need expressed by all regions. In addition, it is evident that present treatment matrices (the client capacities of various treatment clinics) need to be adjusted to reflect increased demand in some catchment areas and decreased in others.

C. State Capacities by Modality and Environment

Following is Table 7 which lists all currently funded drug treatment centers in Montana. The centers are listed along with their NIDA slot capacity, environment and modality.

TABLE 7
STATE CLIENT CAPACITIES BY MODALITY
AND ENVIRONMENT

Program and Clinic Location	NIDA Slot Capacity	Environment	Modality
Southwest Montana Drug Program	budget total (direct costs) -		$474,966
- Anaconda	41	Drug Free	Outpatient
- Butte	81	Drug Free	Outpatient
- Helena	51	Drug Free	Outpatient
- Bozeman	70	Drug Free	Outpatient
- Missoula	50	Drug Free	Outpatient
Lighthouse -	budget total (direct costs) -		$134,327
- Contracted to SMDP	10	Drug Free	Residential
- Uncontracted	5	Drug Free	Residential
Rimrock Foundation -	budget total (direct costs) -		$ 44,041
	35	Drug Free	Outpatient

D. Sub-State Progress Reports

1. Sub-State Progress Report - SMDP

Southwest Montana Drug Program (SMDP) operates three outpatient drug free treatment satellites in Butte, Anaconda, and Helena, and contracts outpatient services with programs in Missoula and Bozeman. SMDP contracts with Lighthouse Drug Program at Galen for residential detoxification services. The only other drug abuse treatment center in the state is Rimrock Guidance Foundation in Billings.

Each SMDP treatment center is staffed by one or more Master's Degree level counselors, several outreach counselors, plus security and clerical workers. All centers are participating in the CODAP reporting system.

Over the reporting year SMDP satellites provided services to approximately 600 clients, improved cooperation with existing community service agencies, increased referrals from law enforcement and the courts, improved staff capabilities and improved the quality of services offered.

Minimal prevention activities are conducted by SMDP, mostly in the form of public speaking engagements and outreach presentations in schools.

SMDP has utilized STSP training provided through the ADAD and has implemented a new, standardized record keeping system with assistance of Macro, Inc., a NIDA contractor.

SMDP has entered into service agreements with all major hospitals in Region IV to provide inpatient detoxification services with local physicians and Family Planning Clinics for physical examinations. An agreement now exists with mental health agencies for psychological evaluations and consultation

services. Letters of support and cooperation have been received from virtually every agency and community service provider within the region, and were submitted to NIDA with the SMDP continuation grant application.

The school systems in both Deer Lodge and Silver Bow counties have been successfully approached to enable SMDP staff to make classroom presentations about substance abuse prevention. The school systems in Deer Lodge and Silver Bow counties were previously inaccessible.

All SMDP satellites are basically rural, and most conduct therapy groups and alternative activities designed specifically for women and youth. Counseling staff are active in cooperating with vocational rehabilitation agencies and with the State Job Service Center which facilitates job placements for SMDP clients.

The referral arrangements between SMDP treatment centers and criminal justice agencies, while informal, are highly developed. SMDP staff conduct group therapy at the prison for inmates nearing parole. Paroled inmates often become SMDP clients as a condition of their parole. Juvenile probation refers many clients to SMDP. SMDP assistance is sought when drug use is evident at arrest and are often asked to make recommendations by district court judges prior to sentencing. Many drug users are sentenced to complete treatment at the Lighthouse residential program as an alternative to imprisonment.

During the past year, SMDP had difficulty filling upper level administrative and treatment positions. The difficulty was partly due to ADAD reorganization and to the lack of trained workers in Montana. Personnel turnover also affected the newly established program in Missoula, resulting in failure to reach

anticipated static capacity over the report year. SMDP now has filled the positions of Administrative Director and Director of Treatment and Rehabilitation which should help to alleviate personnel and administrative problems which were present in FY 1977.

The 1977 Montana Legislature failed to appropriate sufficient funds to match present funding levels. The cutback may reduce service capability in the next grant year. At present, SMDP has no plans for future expansion. Resources will be concentrated on major population areas and outreach will be conducted as funding permits. SMDP will operate in compliance with Federal Funding criteria and will continue to identify local funding sources to supplement federal funds.

2. Sub-State Progress Report - Lighthouse Residential Treatment Program

Lighthouse Program was chosen from among 660 programs nationwide as the model for a 74 page description of a drug free residential therapeutic community serving a rural population which was prepared by NIDA contractors. Forms, policies, procedures and a philosophy statement developed by Lighthouse were included.

In August 1976, Lighthouse qualified for a vocational education grant to establish a wood shop. A union type shop was organized with a shop foreman overseeing work and training of journeymen and apprentices. The shop is now operating indepencently and is producing and marketing a product.

From July 1976, through June 1977, Lighthouse was organized administratively under Galen State Hospital and financially under SMDP. As of July 1, 1977 both functions will fall under Galen State Hospital. Although funding for Lighthouse was not

requested in the Governor's budget, the Legislature refunded the program for another biennium.

Lighthouse has been closely involved in training both student nurses and counseling interns from Montana colleges and receives numerous visitations from college and high school students. Nurses assigned to Warm Springs State Hospital spend one week of orientation at Lighthouse. By the end of 1976, Lighthouse staff had delivered six courses in drug education and rehabilitation for nurses at Galen State Hospital. Counseling interns spend one or two weeks at Lighthouse participating in all aspects of treatment. Both interns and residents have found the experience rewarding and educational.

Success of Lighthouse graduates continues to increase. With a waiting list of clients since early 1977, follow-up shows 78% of graduates are doing well, 18% questionable as a result of lost contact and only 4% are doing poorly.

3. Substate Progress Report - Rimrock Guidance Foundation

A. The principal efforts have been:

1. To identify Rimrock Foundation as a source of help for all individuals with substance abuse problems. This has involved:

a. A modest advertising program via regional newspapers and radio.

b. Direct efforts with law enforcement agencies, physicians, hospitals, and employers.

c. Education and training programs for human service workers throughout our region.

2. To imbed the drug abuse program in the previously established alcohol abuse program to yield a high quality substance abuse program. The emphasis here has been upon staff training and the modification of staff attitudes.

B. The principal successes have been in the indirect service areas, viz.:

1. Drug and Alcohol Schools have been established in all of the ten counties comprising Rimrock's primary service area. Previously, such schools (where they existed at all) were identified as DWI schools for persons convicted of driving while under the influence of alcohol. They now accept court referrals for all offenses committed while under the influence of alcohol, medications, or other mood-altering drugs.

2. Rimrock's pre-release contract with the Federal Prison System includes provisions for the treatment of persons having drug problems, and not just those having alcohol problems.

3. Rimrock's educational programs for human service workers all treat the general problem of chemical dependency and substance abuse.

4. Rimrock's Management Assistance Program for business, industry,

and other organizations addresses the general problem of substance abuse, not just alcoholism.

5. Rimrock's regional program in conjunction with the regional health program of Billings Deaconness Hospital has led to the establishment of drug and alcohol programs in each of the ten counties of our region.

6. In March, no Narcotics Anonymous groups existed in region III. For this reason, a semi-professional group (STAR) was started with the goal of developing autonomous NA groups. There are now three functioning NA groups in the Billings area. This effort is to be continued throughout the region.

E. Priorities for Treatment and Rehabilitation

Limited funding necessitates that Montana concentrate efforts on upgrading and bolstering established treatment services and coordinating with other social service agencies for an effective service delivery support system.

Based upon expressed regional needs, and needs assessment data indicating high arrest statistics for youthful drug abuse offenders the development of chemical dependency services in three state correctional institutions is viewed as a priority.

Improvements of services for women are consistently expressed regional needs as well as needs identified by existing drug treatment programs. CODAP data analysis confirms that women have significantly different drug use patterns than men. An ADAD staff member has been designated as the Department representative to participate in national conferences concerning women and substance abuse.

Priorities established for treatment and rehabilitation are:

Priority 1. Continue to upgrade established substance abuse treatment and rehabilitation services statewide.

a) Develop realistic treatment matrices.

b) Provide technical assistance to statewide drug abuse programs.

c) Coordinate efforts with other agencies for expanded support.

Priority 2. Implement treatment services in a minimum of three correctional institutions.

a) Coordinate with Montana Board of Crime Control to develop a grant application for LEAA funding support of treatment programs based upon Swan River model.

Priority 3. Develop a women's treatment modality for Montana.

a) Investigate innovative treatment modalities for women.

b) Select an appropriate treatment modality and design and implement a pilot project specifically for women.

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Date of Completion
Goal I: Continue to upgrade established substance abuse treatment and rehabilitation services statewide.			
A. Develop realistic treatment matrices for five SMDP satellite centers.	C & PDB, SMDP Director	$ 720	June 1978
B. Provide a minimum of ten technical assistance encounters to Rimrock Guidance Foundation and to Missoula Drug Program.	SMDP Director	$1500	June 1978
Goal II: Develop a women's treatment modality for Montana.			
A. Investigate the feasibility for use in Montana of innovative women's treatment modalities which have been successfully employed elsewhere.			
1. Participate in "Drugs, Alcohol and Women's Health - An Alliance of Regional Coalitions".	C & PDB, Technical Assistance Section	$ 500	March 1978
2. Analyze CODAP data in terms specific to women and collect available research.	REB, C & PDB, Technical Assistance Section	$ 750	March 1978
3. Select an appropriate treatment modality and design a feasible pilot project in cooperation with a local treatment program.	SMDP Director C & PDB, Technical Assistance Section	$1500	August 1978
B. Implement a pilot women's treatment modality.			
1. Obtain State Advisory Council recommendations on women's needs in treatment.	Technical Assistance Section	$ 600	August 1978
2. Implement a women's treatment modality on a pilot basis in a local treatment program as resources are available.	SMDP Director C & PDB, Technical Assistance Section	$ 500	December 1978

FUNCTIONAL PLAN TREATMENT AND REHABILITATION - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Date of Completion
Goal III: Implement treatment services in a minimum of three correctional institutions.			
A. Coordinate with the Montana Board of Crime Control to develop a grant application for LEAA funding support of treatment programs based on the Swan River model.	C & PDB, SMDP Director, REB	$ 500	July 1977
B. Coordinate with Swan River Youth Forest Camp, Pine Hills School for Boys and Deer Lodge State Prison in counselor training and project implementation.	C & PDB, SMDP Director, REB	$75000	August 1977

IV. Management Information Systems Functional Plan

A. Goals and Objectives - FY 1977

B. Progress Report

1. Improvement of Management Information System

C. Management Information Systems Priorities

D. FY 1978 - Goals and Objectives (Work Plan)

IV. Functional Plan for Management Information Systems

A. Goals, Objectives and Tasks for FY 1977

Following are the management information system goals and objectives as set forth in the FY 1977 State Plan for Drug Abuse Prevention. The charts depict the allocated funds for implementation, the accomplishment level and the cost effectiveness assessment of each action item.

FUNCTIONAL PLAN FOR MANAGEMENT INFORMATION SYSTEM - FY 1977

Goals, Objectives, Tasks	Allocated Funds for FY '77	Accomplishment Level	Cost Effectiveness Assessment
Goal I: Monitor certified substance abuse treatment programs to meet federal, state and local reporting requirements for program management and planning data.			
A. Complete revision of Client Oriented Data Acquisition Process.	$2000	complete	100%
B. Implement and manage revised CODAP system.	$3000	complete	100%
C. Participate in National Drug Abuse Treatment Utilization Survey (NDATUS), previously called Drug Abuse Prevention Resource Unit (DAPRU) survey.	$2000	complete	100%

B. Progress Report

In December 1976 ADAD staff trained all drug abuse treatment program personnel in revised CODAP reporting procedures. The new forms were implemented in January 1977 in accordance with NIDA's implementation date.

The ADAD continues to participate in the National Drug Abuse Treatment Utilization Survey (NDATUS). All tasks relating to completion of the survey were accomplished within the time frames designated by NIDA.

During FY 1977, the ADAD gained access to a computerized statistical package for the purpose of generating more sophisticated data pertaining to drug use and abuse. The Statistical Package for the Social Sciences (SPSS) enables the user to perform many different types of data analysis. Information now collected on CODAP forms can be fully analyzed utilizing the SPSS system.

During FY 1977 the ADAD contacted Richard Katon and Associates, Inc. for technical assistance and training for the purpose of determining state needs for best utilization in applying different data processing techniques for CODAP data analysis utilizing SPSS. The following objectives were accomplished:

- Introduction to NIDA data files (tapes)
- Introduction to SPSS
- Introduction into concepts of data analysis and effective utilization of SPSS

In the upcoming year the ADAD will again request technical assistance from Richard Katon and Associates, Inc. to further evaluate SPSS and CODAP data analysis. The objectives to be pursued are:

- Determine the extent to which the ADAD is properly and efficiently using SPSS.

- Provide necessary reviews to promote proper usage.
- Analyze and debug any program problems.
- Provide additional training in advanced concepts of CODAP data analysis and SPSS utilization.

The technical assistance provided from Richard Katon and Associates, Inc. should greatly enhance ADAD staff data analysis capabilities and result in more useful information.

Montana has had to rely on magnetic tapes sent from NIDA for use on the SPSS system. Because there is normally two to three months between the time of data submission to NIDA and receipt of Montana's tapes, timely output reports have been a problem. However, the ADAD plans to prepare its own tapes in FY 1978; this will expedite output reports which are needed for effective program planning, management and evaluation.

Many of Montana's programs provide treatment for alcohol abuse as well as for drug abuse. For management information purposes a consolidated drug and alcohol reporting system would alleviate reporting burdens at both local and state levels. Although attempts have been made to integrate the two systems it was found to be especially difficult to accomplish due to mechanical and functional differences between formats and data elements of NIAAA and NIDA. The easiest point at which to begin integration was determined to be the resource program inventory; this will be done in FY 1978.

The Reporting and Evaluation Bureau (REB) of the ADAD will also prepare a feasibility study to determine if Financial Management Information System documentation can be adapted to Montana's needs.

The state's management information system is an intregal part of ADAD program operation. The ADAD recognizes that reliable statistical data is essential for effective program planning, management and evaluation.

CODAP data is used to determine levels of service utilization, characteristics of Montana's treatment population and to identify specific areas of need. The information is used to determine allocation of NIDA treatment slots and is the basis for management and planning at three levels: clinic, program and state. Individual clinics use CODAP data to direct outreach and prevention efforts. Programs rely on CODAP data for preparation of grant and contract applications. The ADAD utilizes the data for preparation of the Annual State Plan for Drug Abuse Prevention, to respond to legislative inquiries, news media, and other agencies interested in drug abuse prevention.

Implementation of the SPSS computer system will aid in planning endeavors at all three levels of program operation. The statistical package will enable special data and trend analysis and will also allow the ADAD to respond to specific requests for data comparisons which can be conducted in a timely manner with minimal consumption of staff resources.

1. Improvement of Management Information Systems

As discussed in detail in the preceding Progress Report the ADAD will improve the management information system in FY 1978 as follows:

a. Tapes will be prepared in-state.

b. The ADAD will fully utilize the Statistical Package for Social Sciences for improved data analysis.

c. The ADAD will contact Richard Katon and Associates, Inc. for technical assistance in SPSS utilization and data analysis.

d. The ADAD will investigate the feasibility of applying Financial Management Information System documentation to Montana's needs.

C. Management Information Systems Priorities

The ADAD is aware of the need to expand its management information system capabilities. The management information system is viewed as an integral component of total ADAD program operation and is essential for effective program planning, management and evaluation at local, regional and state levels.

Because preparation of adequate data is important to all functions of the ADAD, the following priority has been established:

Priority 1. To more effectively utilize CODAP, NDATUS, and other data pertaining to drug abuse by expanding data collection sources and data processing and analysis techniques and capabilities.

a) manage the flow of CODAP and NDATUS data from all reporting units through the ADAD.

b) request and utilize technical assistance from Richard Katon and Associates, Inc. for more efficient utilization of SPSS and expanded analysis capabilities.

c) to identify and coordinate drug related data from other sources.

d) to investigate feasibility of applying financial management system documentation to Montana's needs.

(See following work plan)

D. FY 1978 Goals and Objectives (Work Plan)

The following chart lists management information system goals and action objectives which the ADAD intends to accomplish in FY 1978. The chart delineates the responsibility for accomplishment, the cost to implement and the estimated completion date of each action item.

FUNCTIONAL PLAN FOR MANAGEMENT INFORMATION SYSTEM - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
Goal I: Fulfill Integrated Drug Abuse Reporting Process (IDARP) contract requirements by managing and maintaining the Client Oriented Data Acquisition Process (CODAP) and National Drug Abuse Treatment Utilization (NDATUS) systems.			
A. Manage the flow of CODAP and NDATUS data from all reporting units through the Alcohol and Drug Abuse Division to NIDA.	Reporting & Evaluation Bureau (REB)	$7000	on-going
B. Request further technical assistance from Richard Katon and Associates, Inc. for efficient utilization of SPSS and analysis of CODAP data.	REB	$ 500	March 1978
C. Continually assess and modify the information processing process to assure a smooth operational flow of data.	REB	$1000	on-going
D. Receive, edit and validate all CODAP and NDATUS information from all state reporting units, pinpoint deficiencies and take necessary corrective action to produce consistent and timely data.	REB	$2000	on-going
E. Continue to analyze incoming data, generate output reports and relate them to management needs of ADAD and sub-state programs.	REB	$1200	on-going
F. Assist local drug programs in meeting CODAP and NDATUS requirements as outlined in respective handbooks.	REB	$ 500	on-going
G. Train treatment personnel in data collection for CODAP and NDATUS systems as needed.	REB	$ 750	on-going

FUNCTIONAL PLAN FOR MANAGEMENT INFORMATION SYSTEM - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
H. Generate and distribute reports for state level program management.	REB	$2500	on-going
I. Continue to meet NIDA reporting, training, operational, evaluation and confidentiality requirements for IDARP contract.	REB	$2500	on-going
Goal II: Develop timely and improved CODAP data output reports for state and program management.			
A. Contract with NIDA for further technical assistance in data utilization.	REB	$ 750	July 1977
B. Replace Bio-Med with Statistical Package for the Social Sciences (SPSS) for statistical report generation.	REB	$2100	September 1977
C. Continue to improve and update manual and SPSS report generation.	REB	$1000	on-going
Goal III: Develop a complete and updated state drug and alcohol abuse service provider inventory.			
A. From NDATUS survey, develop a complete Drug Abuse Service Providers Inventory.	REB	$2000	September 1977
B. Combine Drug Abuse Service Providers Inventory with Alcohol Abuse Service Providers Inventory.	REB	$1200	December 1977
C. Implement a unified Substance Abuse Service Providers Inventory.	REB	$ 750	on-going
Goal IV: Investigate feasibility of application of financial management information system documentation to Montana needs.	REB	$1200	June 1978

V. Research and Evaluation Functional Plan

A. FY 1977 Goals and Objectives

B. Progress Report

C. Evaluation Techniques

1. Evaluation of Drug Abuse Treatment Programs

2. Internal Evaluation of the Alcohol and Drug Abuse Division

D. On-going Scientific Research Studies

E. Research and Evaluation Priorities

F. FY 1978 Goals and Objectives (Work Plan)

A. FY 1977 Goals and Objectives for Research and Evaluation

Following are the research and evaluation goals and objectives as set forth in the FY 1977 State Plan for Drug Abuse Prevention. The charts depict the allocated funds for implementation of the action objectives, the accomplishment level and the cost effectiveness assessment of each action item.

FUNCTIONAL PLAN FOR RESEARCH AND EVALUATION - FY 1977

Goals, Objectives, Tasks - 1977	Allocated Funds for FY 1977	Accomplishment Level	Cost Effectiveness Assessment
Goal I: Conduct substance abuse program evaluations, site visits and contract reviews.			
A. Complete evaluation program design and development.			
1. Establish procedures and guidelines to evaluate substance abuse programs.	$30000 *	complete	100%
2. Hire and train a qualified full time evaluation program evaluator/contract monitor.	-0-	complete	100%
3. Design contract and grant monitoring and review process.	$15000	complete	100%
B. Implement and manage evaluation program.			
1. Disseminate evaluation guidelines to certified programs.	$ 500	complete	100%
2. Establish a tentative evaluation schedule for state funded treatment programs.	$ 100	complete	100%
3. Design an adequate fiscal evaluation procedure.	-0-	complete	100%
4. Initiate evaluation process.	$10000	complete	100%
Goal II: Initiate and manage research projects which elucidate Montana's drug problems.			
A. Study the problems of special groups and minorities.			
1. Fund a study of solvent abuse intervention and treatment.	$10000	complete	100%
B. Study marijuana related data (long term)			
1. Develop comparison data for various approaches to decriminalize marijuana or otherwise changing legal regulation.	-0-	long term	
2. Assess public attitudes on marijuana.	-0-	deleted	
	*10000 from drugs		

B. Progress Report

A combined Evaluation Handbook for Alcoholism Treatment, Drug Abuse, and Community Based Mental Health Programs was prepared by the ADAD in cooperation with the Adaptive Service Division (Mental Health). The Handbook details evaluation procedures and criteria and will be the basis for future evaluations of drug abuse treatment programs.

In July 1977 a full time program evaluator was hired by the ADAD. The evaluator, Reporting and Evaluation Bureau Chief and a fiscal analyst comprise a three person team responsible for conducting comprehensive on-site evaluations of drug treatment programs and alcoholism treatment programs.

The evaluation team is also responsible for monitoring sub-state grants and contracts. The review of contract compliance items is done in conjunction with the Bureau Chief of the Community and Program Development Bureau, and the Division Administrator.

The completed Evaluation Handbook has been distributed to all treatment programs along with necessary policy directives.

Scheduling of evaluation visits is done by the Reporting and Evaluation Bureau, allowing adequate time to write comprehensive evaluation reports.

The ADAD does not have a fiscal analyst on staff; however, the Department of Institutions fiscal analyst has been made available to the ADAD and is considered part of the three member evaluation team.

All scheduled evaluations were completed by the Reporting and Evaluation team but staff were considerably overloaded prior to hiring a full time evaluator in July. Requirements for extensive travel and writing are inherent in the site visit evaluation process.

As set forth in Goal II (See preceding charts) the ADAD funded a study of solvent abuse. As indicated by the needs assessment data, solvent inhalation abuse is a major problem among Montana's youth, Indian, and low income populations. The ADAD supported a cooperative study effort coordinated by the Northcentral Montana Community Mental Health Center in Great Falls. (See Appendix)

Several bills related to the decriminalization of marijuana were introduced during the 45th Legislative session, but none passed. The ADAD monitored progress of the bills which were introduced and followed public opinion. It was evident that the general public opposed decriminalization. The State Advisory Council recommended that the ADAD conduct a public information survey and education work over the two year interval between legislative sessions. This activity area has been deleted from the Research and Evaluation Functional Plan but will be incorporated under prevention.

All research and evaluation goals and objectives outlined for FY 1977 were completed within designated time frames and cost effectiveness was optimal at one hundred percent.

C. Alcohol and Drug Abuse Division Evaluation Techniques

1. Evaluation of Drug Abuse Treatment Programs.

The evaluation program centers around the common evaluation process developed by the ADAD, in coordination with the Adaptive Services Division (Mental Health) for the review of drug abuse treatment programs, alcoholism treatment programs and community based Mental Health programs. All criteria and procedures have been published in the Evaluation Handbook. A three person evaluation team comprised of the Reporting and Evaluation Bureau Chief, Program Evaluator, and a Department of Institutions fiscal analyst conduct all comprehensive site visits according to the procedure outlined in the handbook.

The purpose of the program evaluation process as outlined in the handbook includes primary and secondary objectives.

a. Primary objectives:

- To improve program performance and client service levels.
- To help ensure statewide compliance with federal and state standards.
- To help achieve efficiency and economy in program operations.

b. Secondary objectives:

- To assist in determination of program funding levels and approval of contracts.
- To determine areas of needed technical assistance and training.
- To gather data for development of additional standards for program performance.

The entire evaluation procedure and criteria is detailed in the Evaluation Handbook.

2. Internal Evaluation of the Alcohol and Drug Abuse Division

The internal evaluation of the ADAD is based upon the individual work plans presented in each component of this plan. The time frames presented for each action objective are monitored by the Bureau Chief of Community and Program Development and by the Bureau Chief of Reporting and Evaluation as well as the respective section heads and unit leaders. The Division Administrator also monitors progress throughout the year.

The State Council on Alcohol and Drug Dependency continually reviews ADAD progress and makes necessary recommendations.

Because the ADAD is responsible for providing overall direction and monitoring of community based drug treatment programs and is responsible for ensuring statewide program compliance with federal and state standards; results of sub-state evaluation site visits are considered to be indicators of ADAD performance.

D. On-going Scientific Research Studies

During FY 1977 the ADAD did not participate in any major scientific research efforts. Funding is now being sought to develop a variety of research and demonstration projects.

E. Research and Evaluation Priorities

Because the ADAD is charged with the responsibility of Administering, monitoring and evaluating drug abuse treatment programs within Montana to ensure program compliance with State and Federal criteria, the following priority has been established:

Priority 1. To conduct annual comprehensive on-site evaluations of all drug abuse treatment centers within Montana, based upon evaluation criteria detailed in the Evaluation Handbook.

a) Following each site-visit, to prepare comprehensive program evaluation reports detailing strengths, weaknesses, and specific recommendations.

b) To update evaluation guidelines and procedures as necessary.

F. FY 1978 Goals and Objectives for Research and Evaluation (Work Plan)

The following chart lists research and evaluation goals and action objectives which the ADAD intends to accomplish in FY 1978. The chart delineates the responsibility, the cost to implement and the estimated completion date.

WORK PLAN FOR RESEARCH AND EVALUATION - FY 1978

Goals, Objectives, Tasks - 1978	Responsibility	Cost to Implement	Estimated Completion Date
Goal I: Conduct substance abuse program reviews and evaluations.			
A. Prepare annual site visit schedule.	REB	$ 150	July 1977
B. Conduct site visit evaluations based on Evaluation Handbook.	REB	$7500	within one week of site visit
C. Write program evaluation reports.	REB	$7500	within one week of site visit
Goal II: Update evaluation guidelines and procedures as required.			
A. Review and measure the effectiveness of the SSA evaluation program.	REB	$1000	Quarterly
B. Make corrective changes in procedures, notify programs and conduct staff training.	REB	$1500	On-going
Goal III: Compare and correlate CODAP data with other available data sources.			
A. Correlate CODAP data with site visit evaluation data.			
1. Develop comparative processes and schedules.	REB	$ 300	December 1977
2. Assess validity of CODAP data.	REB	$ 200	June 1978
B. Determine feasibility of correlating CODAP data with hospital and Mental Health Center admissions data related to substance abuse.	REB	$ 500	June 1978
C. Determine the feasibility of correlating CODAP data with Montana Board of Crime Control data.	REB	$ 500	June 1978

VI. Prevention, Intervention, Education and Public Information Functional Plan

A. FY 1977 Goals and Objectives

B. Progress Report

1. Education and Public Information

2. Prevention and Intervention

C. Definition of Terms

D. Prevention Resource Assessment

E. Prevention Priorities

F. FY 1978 Goals and Objectives (Work Plan)

VI. Functional Plan for Prevention, Intervention, Education and Public Information

A. FY 1977 Goals and Objectives

Following are the prevention, intervention, education and public information goals and objectives as set forth in the FY 1977 State Plan for Drug Abuse Prevention. The charts depict the allocated funds for implementing the objectives, the perceived accomplishment level and the cost effectiveness assessment.

Goals , Objectives, Tasks - 1977	Allocated Funds for FY 1977	Accomplishment Level	Cost Effectiveness Evaluation
Goal I: Cooperatively develop adequate in-state education for professionals, with state offices of education.			
A. Assure that adequate substance abuse considerations are included in curricula for human service professionals as well as for students in other disciplines.			
1. Review existing curricula.	-0-	not completed	
2. Prepare curricula recommendations.	-0-	not completed	
B. Assure that adequate substance abuse counseling curricula components are available in Montana colleges and universities.			
1. Coordinate and stimulate independent efforts to develop counselor education programs.	-0-	not completed	
2. Study and evaluate existing counseling education programs for implementation in Montana.	-0-	not completed	
3. Initiate necessary curricula development at the state level as staff and resources become available.(long term)	-0-	not completed	
Goal II: Develop and refine substance abuse education available to the general public.			
A. Assist and support K-12 curricula development.			
1. Continue assessment of presently used curricula.	-0-	not completed	
2. Utilize mini-grant program to promote and coordinate development of acceptable aids.	-0-	not completed	
B. Continue public information efforts.			
1. Utilize public media to reach high risk populations.	$1000	Partially complete	30%

FUNCTIONAL PLAN FOR EDUCATION - FY 1977

Goals, Objectives, Tasks - 1977	Allocated Funds for FY 1977	Accomplishment Level	Cost Effectiveness Evaluation
2. Expand communication with state and local boards of education.	$5000	partially complete	50%
C. Increase education opportunities for local program clients (long term).			
1. Encourage establishment of educational opportunity in present programs.	-0-	partially complete	100%
2. Encourage developing programs which provide increased educational opportunity to clients.	-0-	partially complete	100%

FUNCTIONAL PLAN FOR PREVENTION AND INTERVENTION - FY 1977

Goals, Objectives, Tasks - 1977	Allocated Funds for FY 1977	Accomplishment Level	Cost Effectiveness Evaluation
Goal I; Support and Coordinate existing prevention-intervention resources.			
A. Identify and develop community prevention resource in each region.			
1. Conduct a community resource survey coordinated with RADRDS community needs assessment activity.	$2000	partially complete	20%
2. Develop a training program to expand resource capabilities.	-0-	carry over	
3. Locate and evaluate existing community resource catalog (long term).	-0-	long term	
B. Provide technical assistance to on going mini-grant team projects.			
1. Conduct follow-up on all funded mini-grant team projects.	$1000	complete	70%
2. Reassemble mini-grant teams for regional conferences.	-0-	deleted	
Goal II: Plan a statewide, coordinated substance abuse prevention program.			
A. Develop liaison with identified resource groups and individuals to introduce concepts and techniques of prevention.			
1. Contact organizations from the appropriate program level (long term).			
2. Introduce concepts of prevention to interested groups. (long term).	-0-	long term	
3. Appeal to individuals (long term).	$ 100	partially complete	20%
B. Prepare a written prevention program implementation strategy.	-0-	long term	

FUNCTIONAL PLAN FOR PREVENTION AND INTERVENTION - FY 1977

Goals, Objectives, Tasks - 1977	Allocated Funds for FY 1977	Accomplishment Level	Cost Effectiveness Evaluation
Goal III: Implement regional and local substance abuse prevention programs.			
A. Provide planning and coordination service to community resources for substance abuse prevention and intervention.			
1. Assist communities in development of substance abuse prevention services.	$21000	complete	100%
2. Develop and maintains a state level information clearinghouse function.	$ 1000	on-going	25%
3. Provide qualified speakers on request.	$ 5000	complete	100%
B. Develop a public media awareness program dealing with effects of substance abuse.			
1. Screen existing broadcast materials.	$ 1000*	on-going	30%
2. Study the feasibility of producing a weekly newspaper column.	$ 200	complete	100%
3. Initiate at least one family oriented public awareness project.	$ 6900	complete	100%
C. Evaluate primary prevention efforts (long term).			
1. Develop pre and post evaluation packages based upon coping skills.	-0-	long term	
2. Coordinate distribution and use of materials and correlate final results.	-0-	long term	
	* training funds.		

B. Progress Report

1. Education and Public Information

Adequate in-state education for professionals with state offices of education has not been accomplished. Coordination with state offices of education has been poor, in part because authority for state educational matters is divided between the Office of the State Superintendent of Public Instruction and State Department of Education. It is anticipated that coordination will improve in FY 1978 resulting from clarification of ADAD staff responsibilities and the initiation of communication through informal meetings. Preparation of education curricula recommendations was dropped from the FY 1977 plan awaiting the determination of responsibilities and capabilities of the state offices of education.

Development of counselor education curricula was also dropped for lack of resources. Until responsibilities of the state offices of education are determined it will not be possible to adequately accomplish this task.

Because available needs assessment data clearly indicates the need to target prevention activities toward young people, curricula for kindergarten through the twelfth grade have been carried to the FY 1978 plan. Efforts were made by the ADAD training staff to locate and assess training aids for use in delivery orientation sessions to communities.

Tasks related to continued public information efforts have been partially accomplished. Two ADAD staff members have attended NIDA training sessions in media techniques. It has been determined that the ADAD is not adequately staffed and is under equipped to consider preparation of many forms of media

presentations. Considerable materials have been assembled from other states and reviewed for use in Montana. Many have been found to be unsuitable because they are directed toward minorities which are not prevalent in Montana and others deal with drug use patterns which are not common in Montana. Although minimal resources are available for development in-state, it has been determined to carry the task of aids development into the FY 1978 plan in anticipation of generating additional funding.

The ADAD has continued to expand communications with state and local boards of education. About one-third of the FY 1977 mini-grants went directly to school districts or were targeted at schools and educators. Inclusion of education authorities in the newsletter mailing list will be accomplished in FY 1978. Contact with state education authorities will be increased through state level coordination meetings.

Although the objective to increase education opportunities for local program clients was a long term project some accomplishment is noted. The Statewide Services Contract, which is intended to be the eventual basis of all substance abuse treatment funding within the state, contains provisions for increased educational opportunities among program clients as part of federal funding criteria.

2. Prevention and Intervention

As discussed in the functional plan for planning and coordination, success of the regional planning approach, utilizing RADRDS, was varied. Only partial prevention resource assessments have been obtained. RADRDS who have been continued into FY 1978 will update and refine FY 1977 assessments. Alternatives, as discussed in Functional Plan II, for producing assessments in areas where

RADRDS activity was insufficient will be done on a contractual basis.

The ADAD did provide technical assistance to on-going mini-grants team projects. Mini-grants formed the major thrust in prevention for FY 1977. Regional conferences planned for mini-grant teams was not accomplished due to lacking resources and has been dropped from the FY 1978 work plan. The use of the Division's newsletter will function as a communication medium and should partially accomplish what would have been done in regional meetings. A variety of rural groups participated in mini-grant activities including youth services, parents, kindergarten through 12th grade classes, teacher's groups and law enforcement agencies.

The implementation of regional and local substance abuse prevention programs has been partially completed. Many prevention projects have been initiated through mini-grant activities conducted at the community level. (See mini-grant list, Exhibit 4.)

The ADAD continues to act as a state level information clearinghouse. The ADAD collects, analyzes and distributes information relevant to drug abuse prevention. An orientation package, prepared by ADAD training staff, has been developed in response to expressed information needs.

The development of a public media awareness program dealing with effects of substance abuse has been partially completed. These activities, of screening available training and education materials, are on-going and will be included as a FY 1978 objective. The ADAD studied the feasibility of producing a weekly newspaper column; as a result, initiation of pilot columns in the ADAD newsletter will be available for reprinting.

The task to develop at least one family oriented public

awareness project was accomplished through support of the Families Are Responsible (FAR) program in Gallatin County. The program was structured to be a group educational encounter for parents. ADAD involvement included financial support and technical assistance in provision of training facilitators. The program involved three series of six sessions in fall, winter and spring. The first session was done in Bozeman and prompted additional sessions in Three Forks and West Yellowstone. In all, twenty-three group leaders were trained for a total of 118 session participants. The pilot program was very popular and will be extended to FY 1978.

C. Definition of Terms

Prevention - is the term applied to plans and actions which are intended to educate all persons about drugs and effects of drug use. Training and education is generally referred to as "prevention".

Treatment and Rehabilitation - to minimize identifiable problems caused by drugs for individuals and for society, while increasing abuser participation in socially acceptable, productive activity as an alternative to abuse.

Intervention - relates to those activities or projects which deal with critical results of actual drug use, such as overdoses, paranoid or traumatic drug experiences, suicide threats related to substance abuse, etc. Intervention services include but are not limited to, walk-in centers, crises hot lines, peer group counseling and emergency medical services.

Education - course matter related to substance abuse which is taught in schools or through other organized curricula to young persons and/or to adults. Projects and activities include development of curricula, in-service college level courses, presentations to schools by persons knowledgeable in the area of drug abuse.

Information - projects or activities which make factual material available to general or to selected audiences. Library materials, free folders and pamphlets, films, media releases, public service announcements, and talk show presentations are examples of information.

Alternatives - activities intended to take the place of drug use and abuse. Alternative projects include youth summer camps, youth centers, employment programs, personal development activities and recreational and social interaction programs.

D. Prevention Resource Assessment

The ADAD perceives many prevention functions as within the realm of other state agencies, including the Department of Education, Office of the State Superintendent of Public Instruction, Department of Justice, Department of Social and Rehabilitative Services, Department of Health, Department of Community Affairs, Department of Labor and Industry, etc., particularly in view that Title XX funding is available to more agencies than only those directly concerned with substance abuse. A specific function of the ADAD is to facilitate cooperation between interagency substance abuse prevention projects.

Mini-grant project teams are regarded as prevention resources. Use of mini-grants to stimulate local and multi-county drug abuse prevention projects was the major prevention activity initiated in FY 1977. Twenty-one seed grants of $1000 each were allocated on the basis of project proposals submitted by a variety of local and regional resource groups. Successful mini-grant project initiators are considered as potential lead agencies for implementation of federal and state models for prevention delivery. Mini-grant activity has enabled the ADAD to identify individual and group prevention resources and to determine capabilities in terms of planning and project implementation. For a summary of mini-grant projects see Exhibit 4 .

PROGRAM PROJECT DIRECTOR PROJECT TITLE	PROGRAM GRANT NO.	FUNDS STATUS	BUDGET MODIFIED	NEED F/CON'T PROGRAM Y/N	CHANGE Y/N	BUDGET	FOCUS	COMMENT	APPROX. NO. SERVED	PROJECT TYPE
Action for Eastern Montana Phil Sullivan None Build Library Material	150502-01	Encumber	-0-	Y	N	-0-	Youth Awareness	Constant Need for Fresh & Appropriate Material G. & O's Completed.	4319	4 – Public Information
Cheyenne Home Rodger Hornby "An Attempt to Influence Sniffing BEH N.A."	-02	Expended	-0-	Y	N	-0-	Solvent Inhalation Secondary Students	Active Participation Target & Parents. Summary Data Incomplete	60Y 30P	1 – Prevention
Daniels Cty Awareness Council Elton Way "Community Drug Awareness"	-03	Expended	-0-	Y	N	-0-	Community Drug Awareness Sec. Jr. & Sr. H.S. Youth	Wide Based (County) Support & Participation. G. & O's Completed	3300 750 F Units	4 – Public Information
District II Alcohol & Drug Program Mary Alice Rehbein None-Build Library Material	-04	Expended	-0-	Y	N	-0-	School Children Secondary Community	Same Needs, G. & O's as No 01–Covers Some Programs	4319	1 – Prevention
Forsyth Elem Schools Ryan D Taylor "Seeing is Believing"	-05	Expended	-0-	Y	N	-0-	Youth Awareness 7th & 8th Grades	Investigating Problems & Pressures Leading T/Drug Abuse Presenting Alternatives	105Y	1 – Prevention
High Plains Coun. Dist.I A&D Services Herb Sukut "Preventive Education Drugs"	-06	Expended	-0-	Y	N	-0-	Family Awareness of Drug Abuse	Incomplete Mailing & Lack of Funds – Selective Distribution in Line W/ G & O's.	6000	1 – Prevention
Custer Cty. Alcohol Program Jim Irvin None-Build Library Material	-07	Encumber	-0-	Y	N	-0-	Groups & Individuals 1) Local T.V. – Films 2) Groups Films	Film Shown Twice on T.V. Others (2) When Received. Response Good	14,800	4 – Public Information
Sheridan Cty. Awarness Council Richard J. Overby "Community Awareness"	-08	Expended	-0-	Y	N	-0-	County-Wide Awareness of Drug Abuse	Good Selection of Film & Print Material. Good Response from Community	5779	4 – Public Information
Blackfeet Alcoholism Program Margaret Kennedy None-Build Library Material	-09	Expended	-0-	Y	Y	Eval. need of Sal. Supp. Consume & Library	Prevention Grades K – 12	Structured to Age Group. Need for Diverse Multi-Media & More Staff.	1700Y	1 – Prevention
City-Cty . Health Dept. (Gr. Falls) Jon Tovson "Solvent Inhalation"	-10	Encumber	Yes-Med.Eval. Not-Applicable Recreational Mat. Suitable	Y	Y	Eval. for Need in Chg. of Project Budget	Solvent Inhalation Med. Eval. of 24 Youth From P. Target	Non Part. of Target, Modify to Involve Y. in Rec. Act Excellent Participation 486Y	119Y 8600	2 – Intervention
Fort Belknap Comm. Council Florence Cole "Drug Prevention"	-11	Expendad	-0-	Y	Y	Probably will need Library Materials	Drug Abuse Prevention	Data Evaluated, Action Plan to be Developed for Continuation	172	1 – Prevention
Hi-Line Indian Alliance Anna Marie Becerra "Indian Youth Drug Program"	-12	Expended	-0-	Y	N	-0-	Drug Abuse Awareness Sec.: N.A. Teachers	Training Impacted to Develop Awareness among Teachers, Law Enforcement & Courts	427Y 6000	3 – Education
R.T. Youth Center, Inc. Lauren Nischke None – Salary Supplement	-13	Expended	-0-	Y	N	-0-	Providing Alternatives to Drug Abuse	Recreational Oriented, with Educational Techniques Directed to Y. & Community	175Y 50P	2 – Intervention
X X X	VOID -14									
Crow Alcoholism Program Ben Jefferson "Drug Awareness	-15	Expended	-0-	Y	N	-0-	Drug Abuse Prevention Solvent Inhalation– 5th & 6th Gr. Youth	Bi-Lingual, Seminar Style Diverse Tools–Film, Print, Morning Star-Library Need's	450Y 5794	1 – Prevention

Exhibit 4

PROGRAM PROJECT DIRECTOR PROJECT TITLE	PROGRAM GRANT NO.	FUNDS STATUS	BUDGET MODIFIED	NEED F/CON'T PROGRAM Y/N	CHANGE	BUDGET	FOCUS	COMMENT	APPROX. No. SERVED	PROJECT TYPE
N.A. Indian Alliance-Youth Group Dzzie Williamson "None – Education	150502 –16	Encumber	–YES– Permission to Purchase Recreational Equip	Y	Y	Req. Chg. of Budget Items	Establishing Life Values & Alternatives.	Excellent Cultural Impact Making Possible Target Control for Prevention Effort.	35Y	1 – Prevention
Helena Indian Alliance Don Coburn "HIA Drug Abuse Prev./Educ.	–17	Expended	–0–	Y	N	–0–	Drug Abuse Education & Prevention Tool.	Favorable Response from Target Group – Educators	18A	3 – Education
Alcohol Service Ctr. (Kalispell) Harold Schutt "Drug Abuse Prevention Training"	–18	Encumber	Yes–Identified Library Needs after Training	Y	N	–0–	Depth Study of Drugs of Abuse – The Drug Phenomena	Excellent Method of Upgrading Staff Capabilities & Meeting Educ. Req.	21	3 – Education
F. H. Res. Alcoholism Prog. (Aree) Harold D. Campbell "Drug Abuse Education"	–19	Expended	–0–	Y	N	–0–	Effect of Abuse on Society & Physical & Mental Health –Jr. High Level	Wide Variety of Methods & Material Utilized, considerable Much Student Response	30 V.H 3950	3 – Education
Alcohol Service Ctr. (Libby) Royce Gilbertson "Comm. Drug Educ. & Intervention"	–20	Expended	–0–	Y	N	–0–	Providing Comm. Educ. Primary: Youth Sec: Resource Agencies	Excellent Selection of Materials. Considerable Raw Data in Responses	300Y 150A	3 – Education
Region V Alcohol & Drug Council Ken Anderson "Reg. V Drug Prevention"	–21	Expended	–0–	Y	N	–0–	In service Training A & D Staff & Resource Persons	Out-of-State Consultant. Identifiable Needs Assessment of A & D Inter-Face	52	3 – Education
S/A Above	–22	Expended	–0–	Y	N	–0–	Chemical Dependency & Prevention Process	High Interest Level & Good Participation & Feed-Back	65	1 – Prevention

ABBREVIATIONS KEY

A	Adult	N. A.	Native American
A & D	Alcohol & Drug	–0–	No Action
Beh.	Behavior	P	Parent
Comm.	Community	Part.	Participation
Consum.	Consumable	Prev. Educ.	Prevention Education
Equip.	Equipment	Rec. Act.	Recreational Activity
F	Family	Req. Chg.	Requested Change
F. & O's	Goals & Objectives	S/A	Same As
Gr.	Grade	Sal. Supp.	Salary Supplement
H.S.	High School	Sec.	Secondary
Jr.	Junior	Sr.	Senior
Mat.	Material	T/	To
Med. Evel.	Medical Evaluation	W/	With
N	No	Y	Yes or Youth

SUMMARY

MINI-GRANT/DRUG PREVENTION FY '76

Projects funded - 21 Projects by Region - I-8, II-5, III-1, IV-2, V-5

Project by size of target - Range 18 - 14,800 Average 2209

	Less 100	Less 250	Less 500	Less 2000	Less 5000	Over 5M
Project #	6	3	3	1	4	4
T. Average	46.8	155.3	442.3	1700	3972	8859

Project Type by NIDA Class

Prevention - 9 Intervention - 2 Education - 6 Public Information -4

Grantee Subjective View

Continue project - 21 yes
Change project - 4 yes, 17 no
Change budget - 4 yes, 17 no

Project Funds Status

Expended -16
Encumbered - 5 (3 Budgets Modified)

MATERIALS MOST USED BY PROJECTS

Films -

"Psycho - Active" - 5
"Alcohol, Druge & Other Alternatives" - 4
"Up Front" - 1
"Drug Abuse - Everbody's Hang-up" - 1
Unidentified - 1

Film Strips -

"Alcohol - The Social Drug" - 1
"Social Problems" - 1
"Drugs & Medicine" - 1
"The Drug Experience" - 1
"Drugs, Values & Personal Problems" - 1

Print Media -

"Don't Guess About Drugs" - 5
"Scriptographics" by Bete Co. - 4
Do It Now - 3
"Emergent Concept" - Milan - 1
Hazelden - 1
Katie's Coloring Book - 1
"Drugs of Abuse" - DEA - 1

Library Material -

Physicians Desk Reference - 3
"Dialogue on Drugs" - 1
"Drugs From A to Z" - 1
"Understanding Drug Use" - 1
"Drugs, Society & Human Behavior" - 1

EXHIBIT 4B

E. Prevention Priorities

Many successful prevention projects have been initiated through mini-grant activities conducted at the community level. Successful mini-grant project initiators are considered as important lead agencies for implementation of federal and state models for prevention delivery. Use of mini-grants stimulate local and multi-county drug abuse prevention efforts and promotes cooperation among participating groups and agencies. Therefore, support and coordination of mini-grant projects is viewed as a priority by the ADAD prevention section.

Available needs assessment data clearly indicates the need to target prevention activities toward young people. Several of the mini-grant prevention projects were aimed at youth populations; however, in addition to mini-grant projects, a priority of the ADAD will be to assist and support development of drug education curricula to be used in the public school system.

Priorities established for FY 1978 in Prevention, Intervention, Education and Public Information are:

Priority 1. Support and coordinate existing substate substance abuse prevention/intervention resources.

a) Maintain and update community prevention resource inventories for all five regions.

b) Provide follow-up and technical assistance to ongoing projects initiated through the use of the mini-grant program.

Priority 2. Develop and refine substance abuse education available to the general public.

a) Assist and support development of curricula and aids suitable for Kindergarten through Grade 12.

b) Develop effective methods of substance abuse education for use in public media.

G. FY 1978 Goals and Objectives (Work Plan)

The following chart lists prevention, intervention, education and public information goals and action objectives which the ADAD intends to accomplish in FY 1978. The chart delineates the functional responsibility, the cost to implement and the estimated completion date of each action item.

FUNCTIONAL PLAN FOR PREVENTION, INTERVENTION, EDUCATION, AND PUBLIC INFORMATION - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
Goal I: Develop and refine substance abuse education available to the general public.			
A. Assist and support development of curricula and aids suitable for kindergarten through grade 12.			
1. Evaluate a minimum of two curricula packages which are currently in use or available.	C & PDB, Prevention Section, Gwaltney	$1000	June 1978
2. Utilize a minimum of two mini-grants and other contract mechanisms to promote and coordinate development of acceptable curricula and aids adapted to Montana.	C & PDB, Swartz Prevention Section Gwaltney	$2000	June 1978
3. Provide technical assistance for mini-grant projects and other efforts to develop substance abuse education curricula and aids.	C & PDB, Swartz Prevention Section Gwaltney	$1500	June 1978
B. Develop effective methods of substance abuse education for use in public media.			
1. Obtain and evaluate media educational materials.	C & PDB, Prevention Section, Gwaltney REB, Planner	$1500	on-going
2. Implement at least one public media education pilot project adapted to Montana in connection with Drug Abuse Prevention Week.	C & PDB, Prevention Section, Gwaltney	$1000	January 1978
C. Expand communication and cooperation with state and sub-state education authorities.			
1. Meet at least four times with administrative representatives of state agencies involved with various aspects of substance abuse prevention.	Division Administrator	$ 400	quarterly

FUNCTIONAL PLAN FOR PREVENTION, INTERVENTION, EDUCATION, AND PUBLIC INFORMATION - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
2. Add a minimum of 200 education authorities to newsletter mailing list.	C & PDB, Prevention Section, Gwaltney REB, Editor	$ 244	December 1977
Goal II: Support and coordinate existing sub-state substance abuse prevention/intervention resources.			
A. Maintain and update community prevention resource inventories for all five regions.	C & PDB, Prevention Section, Gwaltney RADRDS	$ 800	June 1978
B. Provide follow-up and technical assistance to on-going projects initiated through the mini-grant program.	C & PDB	$1200	June 1978
C. Develop a written statewide substance abuse prevention program component.	C & PDB	$ 500	June 1978

VII. Training and Certification Functional Plan

A. FY 1977 Goals and Objectives

B. Progress Report

C. Training Needs

D. Manpower Resources

E. State Training and Support Program

F. Priorities for Training and Certification

G. FY 1978 Goals and Objectives (Work Plan)

VII: Functional plan for training and certification.

A. FY 1977 Goals, Objectives

Following are the training and certification goals and objectives as set forth in the FY 1977 State Plan for Drug Abuse Prevention. The charts depict the allocated funds for implementing the objectives, the perceived accomplishment level and the cost effectiveness assessment.

FUNCTIONAL PLAN FOR TRAINING AND CERTIFICATION - FY 1977

Goals, Objectives, Tasks	Funds for FY 1977	Accomplishment Level	Cost Effectiveness Assessment
Goal I: Strengthen and develop training activities.			
A. Funding.			
1. Secure adequate financial resources for training.	-0-	complete	100%
2. Develop liaison with non-NIDA sources of funding.	-0-	complete	100%
3. Develop a hard data base to demonstrate discrepancies between certification requirements and training unit capabilities.	-0-	complete	100%
B. Treatment program training needs assessment.			
1. Assess the training needs of Montana's substance abuse program staff.			
a. Establish McBee data system to process training needs assessment data.	$1500	complete	100%
b. Schedule and conduct training needs assessment.	$6000	on-going	70%
2. Prioritize training needs.	$1000	complete	100%
3. Develop additional objective methods of training needs assessment.	$2000	complete	100%
C. Diversification of training services.			
1. Identify additional non-program consumers of training.	$ 500	on-going	50%
2. Continue to deliver training to educators.	$5000*	complete	100%
3. Extend training opportunities within the existing health service system.	$2000	limited success	20%
4. Coordinate "Family Therapy Training" workshop in Montana with Adlerian Institute.	$1000	complete	100%
	*alcohol money		

FUNCTIONAL PLAN FOR TRAINING AND CERTIFICATION - FY 1977

Goals, Objectives, Tasks	Funds for FY 1977	Accomplishment Level	Cost Effectiveness Assessment
Goal II: ADB internal staff development.			
A. Coordinate staff development program with relevant personnel departments.	-0-	partially complete	100%
B. Train ADB training staff to specific NIDA courses.	$5000	partially complete	70%
C. Familiarize unit clerical staff with NIDA course offerings and training unit procedures.	-0-	complete	100%
D. Increase utilization of non-NIDA training resources.			
1. Develop a training resource inventory.	$ 500	on-going	100%
2. Increase training unit capability to train non-NIDA courses.	$2000	complete	100%
3. Increase unit capability in design and development of training courses.	-0-	on-going	100%
Goal III: Assure that all personnel working in state certified programs meet minimum standards.			
A. Maintain 100% of local substance abuse programs in certification system.	$3000	partially complete	90%
B. Review existing drug and alcohol abuse certification packets for compatibility with present and planned training.	$2000	partially complete	60%
C. Coordinate with Community Services Unit.	-0-	complete	100%
Goal IV: Encourage development of substance abuse programs sensitive to cultural differences (See Functional Plans I and III).	-0-	long term	

B. Progress Report

Certification

Staff from the Alcohol and Drug Abuse Division (ADAD) met with the Legislative Code Committee in September 1977 to discuss implementation of the certification system through the Administrative Procedures Act. The legal opinion given to the ADAD was that a mandatory certification system could be implemented through the Administrative Procedures Act; however, the official ruling from the Code Committee was that the Department did not have the express authority to "certify or license". Authority can only be granted by the legislative body, which meets again in 1979. As a result of the ruling, the ADAD does not have official approval to implement a mandatory certification system. The system is now operating on the basis of voluntary participation.

A priority in FY 1978 will be to work towards a mandatory certification system in 1979.

Training

Planned training activities, including training needs assessment and development of certification standards for program staff have been adequately funded. The ADAD Training and Certification Section has two sources of funding: ADAD funds and NIDA State Training Support Program (STSP) funds.

In view of the wide variety of consultants and national organizations related to substance abuse, the ADAD recognizes a broadened funding base for training as a priority. Liaison with Western Area Alcohol Education and Training Program (WAAETP), located in Reno, Nevada, has provided ADAD staff with free access to WAAETP's training courses.

The McBee Data System, a manual data processing system, contains the results of the FY 1977 training needs assessment data; however, this system will be converted to a computer based system to facilitate analysis of individual needs in FY 1978. Training needs assessment was accomplished to a 70% level.

Limitations of staff resources have prevented extensive development of other methods of needs assessment, though some experimentation has been conducted with the McBee data system. Most time has been devoted to ongoing evaluation of the present system, including design of a quarterly evaluation form and an individual form to be filled out by trainees for the purpose of evaluating trainers and courses.

Priority has been given to training areas where an existing NIDA/NTS package can be used. Training and education will be delivered in those subjects which apply directly to certifications with first priority given to program staff who do not currently meet certification requirements.

Montana's First Annual Summer School of Substance Abuse Studies was held in June 1977, at the College of Great Falls. The summer school drew crowds of four hundred, with approximately ninety participants in the workshop sessions. The school was designed for educators and other persons interested in learning about substance abuse. The series was totally supported by state funding.

The Adlerian Family Therapy workshop was held in March, in Billings, for 34 participants from substance abuse programs across the state. The workshop involved a role playing experience portraying a chemically dependent family reacting with two counselors and also included the film "I'll Quit Tomorrow", produced by the Johnson Institute.

Staff development has been done in planning procedures; however, the SSA training program has been directed almost entirely to accomplishing the certification program.

Staff will continue to attend out-of-state training opportunities as they become available. Clerical staff were given the opportunity to learn about courses offered by the ADAD training section so that they could better respond to information requests about specific training events.

The ADAD training staff has continued to develop a training resource inventory. The process involves providing trainers for the NIDA/NTS and WAAETP training packages, identifying and establishing college courses with the Montana University system and contracting with individuals to provide non-NIDA/NTS and non-college courses. Assistance from the Western Regional Support Center, located in Berkeley, California, has been used to develop in-state training resources, and will be relied upon again in FY 1978. Resource lists are updated quarterly and will be converted to a microfische system as required by the new STSP contract.

The training section staff have increased their capability to train non-NIDA courses. Both the Adlerian Family Therapy Workshop and the Summer School for Substance Abuse Studies were non-NIDA offerings.

During FY 1978, the result of limited training resources necessitates that new course design will be initiated only in cases where no college course or NIDA/NTS course can be found to meet a specific need. It is anticipated that present college and NIDA/NTS offerings are sufficient to meet FY 1978 needs.

Because Montana has been forced to adopt a voluntary certification system with only 90% of local substance abuse programs participating, the ADAD can no longer assure that all personnel working in state approved programs will meet minimum standards. Analysis of training needs, through the use of the McBee data system, has enabled develop-

ment of a well rounded training program directed to the priority of certification requirements. Converting the McBee manual data processing system to a computerized system should simplify the data analysis process.

The goal to encourage development of substance abuse programs sensitive to cultural differences was not accomplished in regard to training. With at least ten major Indian tribes located on Montana's seven reservations, development of culturally sensitive programs and aids for the Indian population is a complex problem. The ADAD training section submitted a proposal, in cooperation with Western Regional Support Center, to NIDA in 1976 for the purpose of modifying Short Term Client Systems to meet Native American needs, however, no indication as to the status of the proposal has been received from NIDA. The ADAD has neither the staff nor resources to implement training packages directed specifically toward meeting Native American training needs. Native Americans do, however, comprise approximately 25% of all participants in any given training session.

C. Training Needs

Existing training needs have been developed based upon certification standards. Montana's training population is approximately 185 persons. Since all 185 persons need training in more than one skill and subject area, the actual training population of 185 persons expands to 685, a factor of 685/185 or 3.7 times. This figure (685) represents individual training encounters required to meet certification requirements. Six minimum or first priority skill and subject areas are considered:

1.	Treatment Planning (NIDA)	- 145 persons
2.	Chemical Nature of Drugs and Alcohol	- 105
3.	Psychological and Physiological Effects of Drugs and Alcohol	- 137
4.	Basic and Advanced First Aide	- 130
5.	Group Therapy	- 105
6.	Individual Counseling	- 63
	TOTAL	685

Training needs assessment is accomplished through one hour individual interviews which compare the current level of employee training, education and experience with minimum levels required for certification (See Table 8). Interviews are scheduled to cover program staff participating in the voluntary certification system at least annually.

TABLE 8

CERTIFICATION STANDARDS

ALL PROGRAM AREAS
CLASS 1

SKILL & SUBJECT AREA	LEARNING REQUIREMENTS	LEARNING METHODS	MINIMUM REQUIREMENTS		
			Trng. Hrs.	No. of Courses	Exp.
PHARMACOLOGY			SAME AS	DRUG CERTIFICATION	
Chemical Nature of Drugs	Training	Formal Education or Training			
Medical Use of Drugs	Training	Formal Education or Training			
Phys. & Psych. Effects of Alc. and Drugs	Training	Formal Education or Training			
MEDICINE					
Basic First Aid	Awareness	Exp. or On-the-job Training			
Emergency Medical Treatment	Awareness	Exp. or On-the-job Training			
LAW					
Federal, State & Local Alc. & Drug Laws	Awareness	Exp. or On-the-job Training			
Drug Law Enforcement	Awareness	Exp. or On-the-job Training			
Basic Legal Process	Awareness	Exp. or On-the-job Training			
OTHER					
Confidentiality					
Inter-Disciplinary	Training	Formal Training			
Standard Operating Policy	Awareness	Exp. or On-the-job Training			
Organization	Awareness	Exp. or On-the-job Training			

TREATMENT AND REHABILITATION
CLASS 2

SKILL & SUBJECT AREA	LEARNING REQUIREMENTS	LEARNING METHODS	MINIMUM REQUIREMENTS		
			Trng. Hrs.	No. of Courses	Exp.
SUBSTANCE ABUSE INFORMATION					
Chemical Nature of Alc. & Drugs	Training + Experience	Any (In-service Trng.or College)	15-20	1	1
Medical Use of Drugs	Training + Experience	Any			
Phys. & Psych. Effects of Alc. & Drugs	Training + Experience	Any			
PSYCHOLOGY					
Mental Health (General Psy.)	Training or Experience	Any	15	1	1
Intra-Personal Relations	Exp. or On-the-job Training	Exp. or On-the-job Training			1
Personality Development	Exp. or On-the-job Training	Exp. or On-the-job Training			1
Diagnosis	Exp. or On-the-job Training	Exp. or On-the-job Training			1
Overview of Treatment Process/ Treatment Plan Development	Training	Training	15		1
Treatment Methods/Inter. Discip. Orientation	Exp. (On-the-job training)	On-the-job Training			1
GUIDANCE AND COUNSELING					
Interviewing	Exp. or On-the-job Training	Exp. or On-the-job Training			1
Individual Counseling	Exp. or On-the-job Training	Exp. or On-the-job Training			1
Group Counseling	Exp. or On-the-job Training	Exp. or On-the-job Training			1

TREATMENT AND REHABILITATION
CLASS 2 (Continued)

SKILL & SUBJECT AREA	LEARNING REQUIREMENTS	LEARNING METHODS	MINIMUM REQUIREM	
			Trng. Hrs.	No. of Courses
MEDICINE				
Basic First Aid	Training	Formal Education or Training	15-20	1
Emergency Medical Treatment	Training	Formal Education or Training	20-25	1
SOCIOLOGY				
Interpersonal Relations	Experience or Awareness	Exp. or On-the-job Training		
Minorities and Social Conditions	Exp. or Training	College or Exp. or In-svc. Trng.	15	1
ENVIRONMENT				
Catchmt Area Demographics	Awareness of Community	Exp. or On-the-job Training		
Catchmt Area Social Structure	Awareness of Community	Exp. or On-the-job Training		
COMMUNITY RESOURCES				
Types & Uses of Resources	Experience	Exp. or On-the-job Training		
Availability of Resources	Experience	Exp. or On-the-job Training		
Linking Client to Resources	Experience	Exp. or On-the-job Training		
EVALUATION				
Concepts of Evaluation	Awareness	In-service Training	15-20	
Measurement of Methods	Awareness	In-service Training	15-20	
OTHER				
Confidentiality	Manual	Self-taught	Successful Completion of Man	

TREATMENT & REHABILITATION
CLASS 3

SKILL & SUBJECT AREA	LEARNING REQUIREMENTS	LEARNING METHODS	MINIMUM REQUIREMENTS		
			Trng. Hrs.	No. of Courses	Exp.
SUBSTANCE ABUSE INFORMATION					
Chemical Nature of Alc. & Drugs	Training + Exp.	Formal Education or Trng. + Exp.	15-20	1	2
Medical Use of Drugs	Training + Exp.	Formal Education or Trng. + Exp.	15-20	1	2
Phys. & Psych. Effects of Alc. & Drugs	Training + Exp.	Formal Education or Trng. + Exp.			2
Causative Factors of Alcoholism	On-the-job Training	Formal Ed. or In-svc. Trng.	15	1	
PSYCHOLOGY					
Mental Health (General Psy.)	Training or Exp.	Formal Education or Training	15	1	1
Intra-Personal Relations	Training + Experience	Training	15	1	1
Personality Theory	Training + Experience	Training	15	1	1
Diagnosis	Training + Experience	Training			
Overview of Treatment Process/ Treatment Plan Development	Training + Experience	Formal Education or Training	15-30	1	1
Treatment Methods/Inter. Discip. Orientation	Training + Experience	Formal Education or Training	15-30	1	1
GUIDANCE AND COUNSELING					
Interviewing	Training + Experience	Exp. + Trng. or Education	15	1	1
Individual Counseling	Training + Experience	Exp. + Trng. or Education	15	1	1
Group Counseling	Training + Experience	Exp. + Trng. or Education	15	1	1

TREATMENT & REHABILITATION
CLASS 3 (Continued)

SKILL & SUBJECT AREA	LEARNING REQUIREMENTS	LEARNING METHODS	MINIMUM REQUIREMENTS		
			Trng. Hrs.	No. of Courses	Exp
MEDICINE					
Basic First Aid	Training	Formal Education or Training	15-20	1	
Emergency Medical Treatment	Training	Formal Education or Training	20-25	1	
Med. Aspects of Alc. (Phys. Effects)	Training	Formal Education or Training	15	1	
SOCIOLOGY					
Interpersonal Relations	Training	Formal Education or Training	15	1	1
Minorities and Social Conditions	In-Svc. Exp. or Training	College or Exp. or In-svc. Trng.	15	1	1
ENVIRONMENT					
Catchmt Area Demographics	Awareness of Community	Exp. or On-the-job Training			1
Catchmt Area Social Structure	Awareness of Community	Exp. or On-the-job Training			1
COMMUNITY RESOURCES					
Types & Uses of Resources	Training + Experience	Formal Ed. or Training	15	1	1
Availability of Resources	Training + Experience	Formal Ed. or Training	15	1	1
Linking Client to Resources	Training + Experience	Formal Ed. or Training	15	1	1
EVALUATION					
Concepts of Evaluation	Training	Formal Ed. or Training	15	1	
Measurement Methods	Training	Formal Ed. or Training	15	1	
OTHER					
Confidentiality	Manual	Self-taught	Completion of Manual		

TREATMENT & REHABILITATION
CLASS 4

SKILL & SUBJECT AREA	LEARNING REQUIREMENTS	LEARNING METHODS	MINIMUM REQUIREMENTS		
			Trng. Hrs.	No. of Courses	Exp.
SUBSTANCE ABUSE INFORMATION					
Chemical Nature of Drugs	Training + Exp.	Formal Ed. or Trng. + Exp.	15	1	3
Medical Use of Drugs	Training	Formal Ed. or Trng. + Exp.			3
Phys. & Psych. Effects of Drugs	Training	Formal Ed. or Trng. + Exp.			3
Causative Factors of Alcoholism	On-the-job Training	Formal Ed. or Trng.	15	1	
PSYCHOLOGY					
Mental Health (General Psy.)	Training + Exp.	Formal Ed. or Trng.	30-45	2	3
Intra-Personal Relations	Training + Exp.	Any	30-45	2	3
Personality Theory	Training	Formal Ed. or Trng.	30-45	2	3
Diagnosis	Training + Exp.	Formal Ed. or Trng. + Exp.	30-45	2	3
Overview of Treatment Process/ Treatment Plan Development	Training + Exp.	Formal Ed. or Trng. + Exp.	30-45	2	3
Treatment Methods/Inter. Discip. Orientation	Training + Exp.	Formal Ed. or Trng. + Exp.	30-45	2	3
GUIDANCE AND COUNSELING					
Interviewing	Training + Exp.	Formal Ed. or Trng.	15	1	3
Individual Counseling	Training + Exp.	Formal Ed. or Trng. + Exp.	45+	3	3
Group Counseling	Training + Exp.	Formal Ed. or Trng. + EXp.	45+	3	3

TREATMENT & REHABILITATION
CLASS 4 (Continued)

SKILL & SUBJECT AREA	LEARNING REQUIREMENTS	LEARNING METHODS	MINIMUM REQUIREMENTS		
			Trng. Hrs.	No. of Courses	Exp.
MEDICINE					
Basic First Aid	Training	Formal Ed. or Training	15-20	1	
Emergency Medical Treatment	Training	Formal Ed. or Training	20-25	1	
Medical Aspects of Alcoholism (Phys. Effects)	Training	Formal Ed. or Training	15	1	
SOCIOLOGY					
Interpersonal Relations	Training + Experience	Formal Ed. or Training	30+	2	3
Minorities and Social Cond.	Training + Experience	Formal Ed. or Training	15	1	2
ENVIRONMENT					
Catchmt Area Demographics	Awareness of Community	Exp. or On-the-job Training			2
Catchmt Area Social Structure	Awareness of Community	Exp. or On-the-job Training			2
COMMUNITY RESOURCES					
Types & Uses of Resources	Training + Experience	Formal Ed. or Training	15	1	3
Availability of Resources	Training + Experience	Formal Ed. or Training	15	1	3
Linking Client to Resources	Training + Experience	Formal Ed. or Training	15	1	3
EVALUATION					
Concepts of Evaluation	Training + Experience	Formal Ed. or Trng. + Exp.	30+	2	2
Measurement Methods	Training + Experience	Formal Ed. or Trng. + Exp.	30+	2	2
OTHER					
Confidentiality	Manual + Exp. (3 Yrs.)	Self-taught	- Successful Completion of Manual		3

CERTIFICATION STANDARDS KEY

The Counselor Certification Standards contain four (4) classes or levels, 14, with each class having separate and minimum requirements. During 1977 we will only be certifying the Class II level. The following explains the use of the standards:

On the left hand side note the column or section labeled "skill and subject areas". These are the specific required courses and skills that a counselor must have, written in terms of subjects. The next columns marked, "learning requirements and methods", tell how the learning can be achieved. If, for instance, the words training or education occur, the learning will be in a formal environment such as a college, or in a training program which is specific to the subject. If the learning requirement is experience or on the job training, no formal education requirement is made. Whenever the standards only call for experience or on-the-job training, no other requirement exists. Experience in this specific definition is: Work in a drug or alcohol treatment program, as a full time paid counselor. Volunteer work does not count. The next columns are labelled "minimum requirements". The minimum requirements tell how much, of what subject an individual must have. For instance, as a Class II Counselor, a person will have one year's experience or a course in General Psychology, either one would meet the Class II requirement for that subject. The three things being monitored by certification are training, education and experience, any of which may be seen as valid learning experiences. Some requirements are met by <u>either</u> experience <u>or</u> training, other requirements are fulfilled by having both training <u>and</u> experience. (See standards for the specific requirements). The numbers in the minimum requirement columns translate in the following way: Training hours are clock

hours, i.e. 15-20 hours of training is the time spent in a formal training session. For the training hours, multiply the number of hours spent in training by the number of days the session lasted, this gives you the training hours. "Number of courses" is the educational requirement measured in terms of a three (3) credit hour, college level course. In other words, one (1) course means it had to have been taken in a college or university and three (3) hours of credit will have been received. One (1) in the experience column means one (1) year experience.

To repeat then, read the columns from the left to the right. All information, from the specific title through the minimum learning requirements are available in the package labeled "Certification Standards".

D. Manpower Resources

The ADAD training and certification section currently utilizes a two pronged manpower system. A staff of three trainers is maintained by the ADAD, in addition contract consultants are used to meet existing training demands.

The use of consultants enables the ADAD to further meet existing needs but personnel resources are still inadequate. The time of the ADAD training staff is divided between alcohol training and drug related training. Contract trainers had a turnover rate last year of 40%. These factors create an almost constant lack of manpower. In FY 1978, one staff trainer has been given full responsibility for certification which will create an even worse manpower shortage. It will be necessary in FY 1978 to rely upon more contracted services and involve the training staff in a more coordinative role.

E. State Training Support Program (STSP)

The STSP program is funded by the National Institute on Drug Abuse. Montana Has fully participated in the STSP program since its conception in 1975.

The program is designed to provide training to persons working with substance abusers. The outcome expected from training is to increase job related skill levels of persons working in a counseling or therapeutic role.

F. Priorities for Training and Certification

The priorities for training and certification were developed from the training needs assessment and are aimed at successful implementation of Montana's counselor certification system.

Priority 1. To provide the maximum number of courses to the greatest number of persons possible, given resources and time.

Course Priorities:
a) Management training
b) Counselor training in
c) both group and individual counseling
d) Training in evaluation techniques
e) Self-awareness training

Priority 2. To direct efforts towards ensuring the passage of a mandatory counselor certification system in the 46th legislative session.

a) Work with programs to guarantee acceptance of certification system
b) Determine training and educational needs of all persons to be certified
c) Develop materials for political bodies to ensure passage of certification legislation
d) Modify standards according to research and evaluation data
e) Develop and implement necessary administrative system to operate counselor certification program.

(See following Work Plan).

G. FY 1978 Goals and Objectives (Work Plan)

The following chart lists training and certification goals and action objectives which the ADAD intends to accomplish in FY 1978. The chart delineates the functional responsibility, the cost to implement and the estimated completion date of each action item.

FUNCTIONAL PLAN FOR TRAINING AND CERTIFICATION - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
Goal I: Assess training and education needs of all substance workers in state approved programs.			
A. Accomplish a quarterly review of needs assessment data based upon the new volunteer certification system through Department data system.	C & PDB, Training & Certification Section, Stanclift	$ 250	September 1977
B. Conduct annual update on all program staff.	C & PDB, Training & Certification Section, Stanclift	$7000	June 1978
C. Compile and correlate needs assessment data for training plan.	C & PDB, Training & Certification Section, Stanclift	$1000	June 1978
D. Re-evaluate training needs quarterly.	C & PDB, Training & Certification Section	$ 500	June 1978
Goal II: Continue to develop resources for training.			
A. Recruit a minimum of six new contract trainers for NIDA/NTS and other courses.	C & PDB, Stanclift	$12000	June 1978
B. Develop a comprehensive micro-fische equipment.			
1. Purchase microfishe equipment.	C & PDB, Training & Certification Sec.	$ 500	June 1978
2. Develop and implement a microfische retrieval system for national training resource list.	C & PDB, Stanclift	$ 100	June 1978
C. Publish a statewide training resource list semi-annually.	C & PDB, Stanclift	$ 50	March 1978

FUNCTIONAL PLAN FOR TRAINING AND CERTIFICATION - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
Goal III: Continue to deliver training courses.			
A. Provide four cycles of Short Term Client Systems (STCS) for a minimum total of 80 trainees (4.5 days per cycle).	C & PDB, Training & Certification Section	$8000	July 1978
B. Provide four cycles of Assessment Interviewing for Treatment Planning (AITP) for a minimum total of 70-80 trainees (3.5 days per cycle).	C & PDB, Training & Certification Section	$9000	July 1978
C. Provide two cycles of Women in Treatment WIT) for a minimum total of 40 trainees (4.5 days per cycle).	C & PDB, Training & Certification Section	$6500	July 1978
D. Provide two cycles of revised training package of Making a Difference With Youth (MADWY) for a minimum total of 40 trainees (4.5 days per cycle).	C & PDB, Training & Certification Section	$4000	July 1978
E. Provide two cycles of evaluation training for a minimum of 60 trainees.	C & PDB, Training & Certification Section	$4500	July 1978
F. Provide five cycles of administrative skills training for a minimum total of 40-50 trainees.	C & PDB, Training & Certification Section	$4000	July 1978
G. Provide two pharmacology training cycles for a minimum total of 40 trainees.	C & PDB, Training & Certification Section	$3000	July 1978
H. Provide four cycles of group counseling training for a minimum total of 80 trainees.	C & PDB, Training & Certification Section	$5700	July 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
I. Provide 3 cycles of basic self-awareness training for a minimum total of 60 trainees.	C & PDB, Training & Certification Section	$10000	July 1978
J. Provide four cycles of training in treatment methods, such as reality therapy or Gestalt therapy for a minimum total of 80 trainees.	C & PDB, Training & Certification Section	$3000	July 1978
Goal IV: Training Evaluation.			
A. Develop a training evaluation component.			
1. Advertise to request proposals for development of an evaluation component.	C & PDB, Stanclift	$ 150	June 1978
2. Evaluate proposals submitted and make a selection.	C & PDB, Stanclift	$ 600	June 1978
3. Finalize a contract with the selected contractor for preparation of an evaluation component.	C & PDB, Stanclift	$2000	June 1978
B. Upgrade and modify training in response to evaluation findings.			
1. Review evaluation findings and prepare recommendations for modification as necessary.	C & PDB, Stanclift	$ 800	July 1978
2. Implement recommended modifications as necessary.	C & PDB, Stanclift	$ 500	July 1978
C. Continue use of trainer self-evaluation and of evaluation questionnaires for trainee feedback.	C & PDB, Stanclift	-0-	on-going

FUNCTIONAL PLAN FOR TRAINING AND CERTIFICATION - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
Goal V: To develop and implement a volunteer certification system on a research basis to those persons volunteering their participation.			
A. Determine if program staff are willing to participate in a mock certification plan.	C & PDB, Training & Certification Section, Ideus	$1200	March 1978
B. Re-establish a certification committee to assist in the development of the new system.	C & PDB, Training & Certification Section, Ideus	$ 930	February 1978
C. Develop revised certification format.	C & PDB, Training & Certification Section, Ideus	$ 30	February 1978
D. Develop a new set of certification standards which are testable by the field.	C & PDB, Training & Certification Section, Ideus	$1880	April 1978
E. Develop a data system to handle all pertinent certification data.	C & PDB, Training & Certification Section, Ideus	$3200	April 1978
F. Implement mock certification system for testing.	C & PDB, Training & Certification Section, Ideus	$ 950	June 1978
G. Establish credibility for a mandatory certification system.	C & PDB, Training & Certification Section, Ideus	$ 350	June 1978

VIII. Criminal Justice Interface Functional Plan

A. FY 1977 Goals and Objectives

B. Progress Report

C. Criminal Justice Interface at Planning Level

D. Criminal Justice Interface Priorities

E. FY 1978 Goals and Objectives (Work Plan)

A. FY 1977 Goals and Objectives

Following are the criminal justice interface goals and objectives as set forth in the FY 1977 State Plan for Drug Abuse Prevention. The charts depict the allocated funds for implementation of the objectives, the accomplishment level and the cost effectiveness assessment.

FUNCTIONAL PLAN FOR CRIMINAL JUSTICE INTERFACE - FY 1977

Goals, Objectives, Tasks	Allocated Funds for FY '77	Accomplishment Level	Cost Effectiveness Evaluation
Goal I: Coordinate state level planning and statistical research with Montana Board of Crime Control (MBCC), the State Law Enforcement Assistance Act (LEAA) agency.			
A. Develop a compatible in-state data system.			
1. Review existing data compilations produced by the SSA, MBCC and other relevant data collecting and processing agencies.	-0-	parially complete	100%
2. Coordinate data review and analysis for planning purposes.	$1000	partially complete	50%
B. Coordinate planning to assure availability of LEAA funding for applicable substance abuse efforts.			
1. Involve MBCC in pre-planning for grant applications (long term).	-0-	long term	
2. Cooperate with MBCC in delivering planning information to individual law enforcement agencies (long term).	-0-	long term	
C. Cooperate with MBCC to plan and develop a coordinated program of substance abuse delivery to abusers in the criminal justice system.			
1. Determine the types of service most needed in the Montana system.	-0-	complete	100%
2. Develop planning communication between local law enforcement and local substance abuse service providers.	$ 500	on-going	20%
3. Develop a written service delivery plan for inclusion in the annual state plan.	-0-	complete	100%

FUNCTIONAL PLAN FOR CRIMINAL JUSTICE INTERFACE - FY 1977

Goals, Objectives, Tasks	Allocated Funds for FY '77	Accomplishment Level	Cost Effectiveness Evaluation
Goal II: Provide relevant training opportunities for law enforcement personnel involved with substance abuse.			
A. Coordinate with MBCC to improve law enforcement academy training and educational curricula.			
1. Survey academy graduates to evaluate substance abuse training.	-0-	not complete	
2. Cooperatively develop recommendations for improved curricula with MBCC.	-0-	not complete	
B. Coordinate with MBCC to identify and meet training needs and develop communication.			
1. Survey law enforcement agencies to determine training needs and develop communication.	-0-	on-going	
2. Coordinate with MBCC to develop additional funding for officer training.	$2000	on-going	20%
3. Deliver training to law enforcement officers.	-0-	on-going	

B. Progress Report

Arrest data compiled by the Montana Board of Crime Control (MBCC) are correlated according to the same planning regions used by the ADAD (Mental Health Regions). The drug categories used in most MBCC analysis are related to legal classification of offenses rather than to drug type as categorized by CODAP. Available MBCC analysis does not relate to disposition of cases, nor does it follow convicted individuals or individuals referred to treatment.

MBCC data analysis becomes available so late in the fiscal year that there is little opportunity to discuss implications of the data with MBCC or among ADAD staff prior to the plan submission deadline. MBCC state totals are available for 1976 along with regional totals which were included in the Needs Assessment section.

ADAD staff responsible for planning and research will coordinate state level planning for FY 1978. Coordination between the two agencies should clarify data analysis needs and availability schedules.

The ADAD has reviewed the Montana Comprehensive Plan for Criminal Justice Improvement, prepared in 1977 by MBCC for substance abuse considerations. The MBCC Plan contains the cooperative agreement developed with the ADAD, a short discussion of drug and alcohol abuse and a summary of client data from Southwest Montana Drug Program. Development of substance abuse treatment services planned for FY 1978 at three correctional institutions: Montana State Prison, Swan River Youth Forest Camp and Pine Hills School for Boys, will provide a firm basis for mutual cooperation between the two agencies.

The ADAD worked to develop a substance abuse component in the 1977 Criminal Justice Plan and will work to expand that component in 1978. The ADAD will expand newsletter, "The Habit", circulation

among law enforcement recipients in FY 1978, and will attempt to obtain LEAA funding for officer training.

Development of local committees involving local substance abuse service providers and local law enforcement agencies was not feasible in FY 1977 due to limited resources. The ADAD will encourage law enforcement participation in Mini-grant prevention activities. During FY 1977, Regional Addictive Diseases Resource Development Specialists (RADRDS) activities have included criminal justice contacts and their efforts have improved communication among local law enforcement agencies and local service providers.

Considering the level of available training resources and the immediate need to train program staff to certification standards, the ADAD resources for officer training has been limited.

The Montana Law Enforcement Academy has expressed willingness to conduct follow-up on graduates for the purpose of assessing adequacy of substance abuse training and education.

Development of LEAA funding is perceived as an effective method of increasing officer training opportunities. Present staff limitations within the ADAD preclude development of funding proposals at the state level; however, the ADAD will provide technical assistance to groups interested in cooperating with criminal justice agencies for providing officer training.

Training in established NIDA courses and in other courses has been extended to law enforcement officers. The ADAD will continue to contract with the Montana University System to provide training through the Law Enforcement Academy.

C. Criminal Justice Interface at Planning Level

Agreements to facilitate planning have been documented and presently exist between the ADAD and the State Crime Control Division.

The ADAD will provide the Crime Control Division with:

1. Access to all data collected on the CODAP system and will provide technical assistance from ADAD staff to interpret and analyze the data.
2. Access to all supplemental data collected in addition to the CODAP system, to the extent that client confidentiality is maintained.
3. Cooperation in any efforts made by the Crime Control Division to collect and analyze substance abuse data generated from either drug program populations or from other sources.
4. Planning assistance and input for substance abuse considerations in all future ADAD planning and project implementation.

The Crime Control Division will provide the ADAD with:

1. Access to all data collected in Montana for the FBI Uniform Crime Reporting System and through the Criminal Justice Data Center.
2. Access to data analysis pertaining to substance abuse, as well as comparative for other typical crime categories, prepared in the normal course of the Crime Control Division operation.
3. Cooperation in any future ADAD efforts to collect and analyze substance abuse data generated from sources within Montana.

4. Planning assistance and input for substance abuse considerations in all future ADAD planning and project considerations.

In addition, ADAD and the Crime Control Division jointly agree to dedicate the necessary staff time and resources to "plan and develop a coordinated program of service delivery to drug abusers in the criminal justice system".

The Crime Control Division will cooperate with ADAD efforts to provide substance abuse services for all individuals in Montana's correctional institutions, emergency services for treatment of acute problems upon arrival at city and county jails, and substance abuse prevention and treatment for those incarcerated over longer periods of time.

The Crime Control Division will cooperate with ADAD efforts to provide substance abuse prevention services to all individuals on probation or other supervisory release programs.

The Crime Control Division will include provisions of all necessary technical assistance for the ADAD to obtain available LEAA funding.

The preceding was a summary of an agreement which exists between the Alcohol and Drug Abuse Division and the Crime Control Division as presented in the 1977 Comprehensive Plan for Criminal Justice Improvement.

A formal agreement exists between the Alcohol and Drug Abuse Division, Department of Institutions, and the Law Enforcement Services Division of the Montana Department of Justice. The Law Enforcement detection laboratory in Missoula provides analysis of substance from crime scenes and aids pathological work by identifying drugs or lethal substances in body fluids.

Local drug abuse treatment programs are able to utilize the detection laboratory through coordination with the ADAD office for the purpose of identification and analysis of "street drugs".

Statistics and information generated from the detection laboratory will be available to the ADAD for planning purposes.

E. Criminal Justice Interface Priorities

The overall priority for criminal justice interface is in response to expressed needs for chemical dependency services to be made available to youth drug offenders. Based upon indicator data showing that 30% of all client admissions to Montana's drug treatment programs are under the age of seventeen and drug arrests have increased sharply in 1976 the ADAD has the following priorities:

Priority 1. To provide substance abuse treatment services at three State Correctional Institutions in coordination with the Montana Board of Crime Control;

a) Services to be established at Pine Hills School for Boys, Swan River Youth Camp, and Montana State Prison.

Priority 2. To develop a written plan component for provision of substance abuse treatment services to abusers within the criminal justice system.

a) Coordinate planning data collection and analysis for annual plan preparation.

b) Cooperate with Montana Board of Crime Control to obtain LEAA funding for substance abuse services.

(See Following Work Plan)

F. FY 1978 Goals and Objectives

The following chart lists Criminal Justice Interface goals and action objectives which the ADAD intends to accomplish in FY 1978. The chart delineates the area of responsibility, the cost to implement and the estimated completion date of each action item.

FUNCTIONAL PLAN FOR CRIMINAL JUSTICE INTERFACE - FY 1978

Goals, Objectives, Tasks	Responsibility	Cost to Implement	Estimated Completion Date
Goal I: Coordinate and cooperate with Montana Board of Crime Control (MBCC), the State Law Enforcement Assistance Act (LEAA) agency.			
A. Provide substance abuse treatment services at three correctional institutions. (See functional Plan for Treatment and Rehabilitation)			
B. Coordinate planning data collection and analysis for annual plan preparation.	REB, Planner	$1500	February 1978
C. Cooperate with MBCC to obtain LEAA funding for at least three substance abuse projects.	C & PDB Prevention Sec.	$1500	June 1978
D. Develop a written plan for provision of substance abuse treatment services to abusers within the Montana Criminal Justice System.	C & PDB Prevention Sec. REB, Planner	$2500	June 1978
Goal II: Provide relevant training opportunities for criminal justice personnel who deal with substance abusers.			
A. Cooperate with criminal justice workers, agencies and the Academy to evaluate and update Law Enforcement Academy training and educational curricula.	C & PDB-Training & Certification Sec. Prevention Sec.	$2500	April 1978
B. Extend a minimum of 12 training opportunities to criminal justice workers. (See Functional Plan for Training & Certification.)	C & PDB Training & Certification Section	$ 800	April 1978
C. Expand newsletter circulation to include at least 200 criminal justice recipients.	Editor	$1200	January 1978

Chapter 4. Summary of Financial Support

Legislative Appropriation

Table I - Annual Performance Report:
Expenditure Report Summary

Table II - State Plan Action Strategy:
Expenditure Projection Summary

Table III - State Appropriation Report

STATE OF MONTANA

Office of the Governor

Budget and Program Planning

Capital Building - Helena, Montana 59601

Thomas L. Judge
Governor

Michael G. Billings
Director

LEGISLATIVE APPROPRIATION

I certify that through the State Laws of 1977 the Department of Institutions allocated the following sums to the:

Southwestern Montana Drug Program . . .	$ 81,019
Lighthouse Drug Program	134,327
TOTAL	$215,346

David Lewis

David Lewis, Deputy Director for Budget

TABLE I - ANNUAL PERFORMANCE REPORT: EXPENDITURE REPORT SUMMARY

List only those funds which you anticipate receiving

1. STATE FUNDS	Administr.	Planning & Coordination	Treatment & Rehabilitation	Information Systems	Research & Evaluation	Prevention Intervention & Education	Training	Criminal Justice Interface	TOTAL
Tax-derived approp.			232,461						232,461
TOTAL			232,461						232,461
2. FEDERAL FUNDS									
NIDA 409 funds	12,134	19,294	6,149	6,162	16,162	42,420	18,827	6,162	127,310
NIDA 410 funds	26,225		267,551						293,776
Other NIDA funds				30,649	187,500		35,955		254,104
TOTAL	38,359	19,294	273,700	36,811	203,662	42,420	54,782	6,162	675,190
CATEGORY TOTALS	38,359	19,294	506,161	36,811	203,662	42,420	54,782	6,162	907,651

TOTAL STATE $ 232,461
TOTAL LOCAL $
TOTAL FED'L $ 675,190

GRAND TOTAL $ 907,651

TABLE II - STATE PLAN ACTION STRATEGY: EXPENDITURE PROJECTION SUMMARY

List only those funds which you anticipate receiving

1. STATE FUNDS	Administr.	Planning & Coordination	Treatment & Rehabilitation	Information Systems	Research & Evaluation	Prevention Intervention & Education	Training	Criminal Justice Interface	TOTAL
Tax-derived approp.	2,010		215,346						217,356
TOTAL	2,010		215,346						217,356
2. LOCAL FUNDS									
Non-public funds			4,083						4,083
TOTAL			4,083						4,083
3. FEDERAL FUNDS									
NIDA 409 funds	14,511	14,751	23,270	3,887	13,887	46,250	19,667	8,887	145,110
NIDA 410 funds	37,200		422,228						459,428
Other NIDA funds				29,535	37,500		38,374		105,409
LEAA			16,737						16,737
Soc. Serv. Adm.			9,000						9,000
TOTAL	51,711	14,751	471,235	33,422	51,387	46,250	58,041	8,887	735,684
CATEGORY TOTALS	53,721	14,751	690,664	33,422	51,387	46,250	58,041	8,887	957,123

TOTAL STATE $ 217,356
TOTAL LOCAL $ 4,083
TOTAL FED'L $ 735,684

GRAND TOTAL $957,123

STATE Montana TABLE III - STATE APPROPRIATION REPORT FISCAL YEAR 1978

BREAKDOWN OF APPROPRIATION BY PROGRAM FUNCTIONAL CATEGORY	Tax-Derived State Appropriation (From Line 1.A., Table II)	BREAKDOWN OF APPROPRIATION BY AGENCY (SPECIFY AGENCY) 1/					
		SSA	Southwest Montana Drug Program	Litehouse Drug Program			
ADMINISTRATION							
PLANNING AND COORDINATION							
TREATMENT AND REHABILITATION			81,019	134,327			
MANAGEMENT INFORMATION SYSTEMS							
RESEARCH AND EVALUATION							
EDUCATION, PREVENTION AND INTERVENTION							
TRAINING							
CRIMINAL JUSTICE INTERFACE							
AGENCY TOTALS			81,019	134,327			

1/ Any allocation methods used to identify portions of agency appropriations should be explained fully on a separate page.

APPENDIX

PSYCHOSOCIAL PARAMETERS OF PAINT SNIFFING

J. Earl Farris, Ph.D.
Ken Beatty, M.A.
Ralph Johnson, M.A.

NORTHCENTRAL MONTANA COMMUNITY MENTAL HEALTH CENTER
Evan Crandall, M.A., Director

The research herein reported was performed pursuant to a contract with Southwestern Montana Drug Program and the State of Montana, Department of Institutions, Addictive Diseases Bureau, funded by the National Institute on Drug Abuse and the State of Montana. The opinions expressed herein are those of the authors and should not be construed as representing the opinions or policy of any agency of the State of Montana or of the United States Government.

ABSTRACT: Twenty four adolescent male paint sniffers were randomly assigned to 2 treatment groups in which the experimental variable was removal from the home during a 30 day intensive therapy program. The typical paint sniffer was described as 14-15 years old, with low self-esteem and of ethnic minority background (Native American) living in a large, overcrowded, and disorganized family at or near the poverty level.

Reduction of solvent abuse proved possible only if therapeutic adjustment to the above reality was concurrent with enabling the individual to effect meaningful change in that reality.

PREVIOUS RESEARCH: Most observations in the literature regarding solvent inhalation to produce intoxication have been concerned with "glue sniffing".

Malcom (1969) observed that "there was a high incidence of physically and psychologically broken homes among solvent sniffers". The same report mentions a high incidence of alochol abuse among the parents of chronic "sniffers".

Sterling (1964) noted that "sniffing and drinking tend to be mutually exclusive modes of becoming intoxicated".

Greenfield (1972) suggested a technique for dealing with a damaging home environment. His proposal was to remove the child from the home and place him in a better living situation. He observed that "the sniffer would stop sniffing if placed in a foster home in which the sniffer received emotional warmth, or if placed back in the family home.

Each report in the literature that records ethnic analysis shows a strikingly high percentage of chronic sniffers are of Native American heritage. Various studies reported either no Black sniffers, or that Blacks were greatly underrepresented in the population of sniffers

Ackerly and Gibson (1961) conclude that problems in acculturation play a significant role in producing the ethnic disproportion found among chronic sniffers

According to a report of the Denver Juvenile Court (1968), habituated glue-sniffers almost invariably came from poverty or near-poverty living situations. The same study reported nearly 90% of sniffers apprehended were male.

THE PRESENT STUDY: Originally, this project envisioned treatment of 24 males from school grades 6 and 7 during one month of intensive service delivery followed by five additional months of personal, group and family contract.

The sample contained an equal number of Native American and non-Indian subjects, all of whom qualified economically for the school free-lunch program. Eligible subjects must have experienced solvent intoxication at least 30 times, or have "sniffed" as much as 3 times in one month.

A control group of 12 remained in their own homes during the 30 day intensive treatment phase; while the experimental group were to be housed during the 30 days at a local Runaway Attention Home.

The psychometric evaluation included the Minnesota Multiphasic Personality Inventory, Bender-Gestalt Test, Mooney Problem Check List, Rotter Incomplete Sentences Blank, and Wechsler Intelligence Scale for Children (Revised).

Physical examination was accompanied by urinalysis and 12 factor blood study; and, where warranted, EEG, EKG, and other specific diagnostic procedures.

All families were interviewed and sociometric analyses completed, followed by family counseling which included financial advisement as well as personality counseling.

All participants received the same number of individual psychotherapy sessions and all were included in peer-group activities and therapy.

Thus, the experimental variable would remain "removal from the home".

Removal, however, was voluntary on the part of both the sniffer and his family. Since solvent abuse is not illegal, involuntary confinement during the intensive treatment phase was not possible, even if a detention facility existed locally.

Estimates of the extent of the "paint sniffing" problem from various social agencies and elements of the juvenile justice system had suggested that researchers might find 200 or more juvenile paint sniffers in the city of Great Falls. On elimination of duplicate cases, however, 94 active cases were located. After screening with the project criteria, 36 eligible from 30 families remained. From this group, 24 were randomly selected, 12 being assigned to Runaway Home residence.

It soon became apparent that the "paint sniffer" would not conform to the minimal discipline demands of the Runaway Home. Of seven boys placed in residence, only 1 stayed the full 30 days. Three were expelled for flagrant violation of house rules after 3 days, and three were sent to a state correctional facility for felony crimes after only 10 days residence.

Following expulsion of the three boys, word quickly circulated "on the street" that residence in the Runaway Home was a "bummer", and the remaining five selectees refused residence, nor could any other project-eligible solvent abuser be persuaded to volunteer for residence.

All subjects participated in individual therapy sessions with consistency and participated in group "rap" sessions with considerable enthusiasms.

During the fourth month of the study, a street rumor identified the Mental Health researchers as "narcs" and participation by subjects and their families ceased. When "run to earth" and contacted, both sniffers and their families would tell the researchers "whatever he wanted to hear" and then default on any commitments made.

In an attempt to maintain contact with the project subjects, the researchers volunteered as youth workers at the Wesley Community Center, a local agency which serves the neighborhoods in which most of Great Falls' solvent abusers live.

The Wesley Center maintains an intimate and active contact with the teenage culture, providing "drop-in" time, community service projects, productive crafts and educational opportunities, and a highly participant recreational program. Through this instrumentality, the researchers not only succeeded in maintaining contact with the project subjects, but were able to attract to group therapy sessions an additional 17 boys and 11 girls who had been "doing paint".

It must be emphasized that recreational and activity programs did not solve the solvent abuse problem. Rather, they were the means to involve youngsters at risk in group therapeutic encounters, gain confidence in selves and counselors, and to participate in changing the brutalizing reality within which the "sniffer" and the potential sniffer live.

DESCRIPTION OF THE PAINT SNIFFER: Family Structure: There was a high incidence of alcohol abuse among the adult family role-models of the population studied. 76% of such modeling adults (parents at home, other siblings, and other adult relatives) consume excessive amounts of alcohol.

In this study, 87% of subjects came from family groups of nine or more members. Since the typical dwelling did not exceed two or three bedrooms, overcrowding appeared a contributing factor in the "risk" of succumbing to solvent abuse.

40% of families were headed by single women; while in an additional 40%, the father was frequently absent (in jail or looking for work elsewhere).

Parenting skills appeared to be quite adequate for children under 5; but distant and uninvolved for children of school age who characteristically were thrust upon older siblings and neighborhood peer groups.

The Juvenile Sniffer: The adolescent chronic solvent abuser of this study and his peers "at risk" reside in a depressed and deprived neighborhood at the poverty level. Parents typically provide neither support nor consistent discipline.

His personality is characterized by feelings of inferiority and inadequacy, frustration, anti-social tendencies, low self-esteem, and joylessness.

He is unusually subject to peer pressure in which paint sniffing is not only an escape from hopelessness and despair but also a means of social relations.

Typically, he has low school grades, poor achievement test and I.Q. scores, high truancy, and frequent disciplinary problems in school and out.

He does not "own" his own successes, and will not own his own failures.

In the cases studied (24 original and 28 later incidentals), only 3 individuals could be considered "habitual" solvent abusers (i.e. seek recreation and relief only in solvent sniffing).

In fact, the data to date suggests that "sniffing" is not a long term pattern of behavior.

Behaviorally, the sniffer population is marked by impulsivity and rebelliousness against the "system".

From our original referred population of 94, some 73 individuals were of Native American extraction (referred to locally as "landless Indians").

Physical Status: A specialist in adolescent medicine examined subjects within ten days following acceptance for the study. A thorough work-up by this skilled practitioner was augmented by specialized laboratory and diagnostic procedures whenever presumptive evidence of physical dysfunction was found.

A high incidence of proteinuria (70%) confirms similar findings by

Press and Done (1967).

Liver function tests were uniformly normal except for one subject.

Neurological evaluations were essentially normal except for one of the incidental subjects (a 15 year old girl) who showed gross motor incoordination, memory dysfunction and orientation disorder.

A third of the subjects exhibited dietary deficiencies requiring supplement to standard home food regimen.

Except for one girl, it is not apparent that the anomalies observed were caused by solvent inhalation, since they may well be predictable consequences of family habits and lifestyle.

THE SOLVENTS ABUSED: Gold spray paint, followed in preference by Copper and Silver were the preferred aerosols at the project's inception. In the third month, researchers learned that a vegetable cooking product called "PAM" had become the solvent of choice since "it's easier to clean up" and "it smells better".

About two-thirds of sniffers admitted the spray cans had been "boosted" (i.e. shoplifted) from local stores, as had the plastic vegetable "baggies" in which the cans were discharged.

The aerosol vehicle is the intoxicant. It was found that shaking a can three times rendered it virtually useless for sniffing for nearly six hours.

THERAPEUTIC GOALS: Having succeeded in winning the trust and confidence of the sniffer population, researchers instituted a kind of token economy in which desirable rewards (steak breakfast, airplane rides, bowling, swimming, etc.) could be earned by appropriate behaviors at home and at school, and especially by service projects to others and to the community and neighborhood.

[illegible] was directed toward increasing the individual's [illegible] responsibility for his own behavior and to counteract [illegible]-

scripts of "loser" (Transactional Analysis model).

Group therapy, conducted as "rap" sessions, utilized the transactional model to emphasize "coming from your Adult" and recognizing when "rebellious child" and "pig parent" ego-states were operating. In addition, groups were involved in community and neighborhood improvement projects.

RESULTS: Police contacts and probation involvements for paint sniffing are reduced 40% in June, 1977 from June, 1976, despite an increase in juvenile population.

Twenty-eight juvenile sniffers were "referred" to project programs by their peers who were project participants.

Merchants contacted by an Ancillary Research Project (R.T. Coffee House Media Campaign) report a perceptible drop in aerosol thefts.

Participants in the Wesley Center activities program self-report that they "hardly do paint at all, any more".

Wesley Center staff report 25% fewer "family calls" concerning solvent abuse..

It appears that a significant change has occurred in the pattern of solvent abuse in Great Falls. Although the changes noted above may not be directly attributable to this project, no other action was operant in this study's time frame.

FOLLOW-UP: Contact with solvent project subjects will be maintained through 1977 and 1978.

CONCLUSIONS: Solvent abuse appears to be principally a peer group social adventure.

The intoxication that is sought appears to be [illegible] from [illegible] feelings of hopelessness and despair.

Treatment of solvent abuse per se is not possible. Rather, "treatments" must involve helping the individual cope with the reality of poverty, family disorganization, and disadvantaged status and also developing ways of effecting change in that reality.

JEF/sm

9-6-77

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